THE PERSONALITY OF THE PHYSICIAN

A. T. SCHOFIELD

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UNCONSCIOUS THERAPEUTICS; or, THE PERSONALITY OF THE PHYSICIAN.

By ALFRED T. SCHOFIELD, M.D., M.R.C.S., &c., Hon. Physician to Friedenheim Hospital, Author of 'The Unconscious Mind' 'The Force of Mind' &c.

'*Only a good man can be a good doctor.*'—PROF. NOTHNAGEL

SECOND EDITION

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TO

DR. J. MITCHELL BRUCE

IN GRATEFUL RECOGNITION

OF THE HELP HE HAS GIVEN TO THE CAUSE OF

RATIONAL THERAPEUTICS

THIS BOOK IS DEDICATED

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PREFACE

TO

THE SECOND EDITION

In this edition some important additions have been made to the text, and Chapter VI. has been considerably altered. It is gratifying to know that interest in this subject is everywhere increasing, and it will, I trust, before long be regularly taught in our schools.

6 Harley Street, W.
January 1906.

PREFACE

TO

THE FIRST EDITION

My prefaces are mostly apologias, writing as I do on subjects largely of a character somewhat different from ordinary medical matters. I shall never add to the innumerable books on *these* subjects, having neither competency to entitle me nor ambition to urge me to do so. Psychotherapeutics, however, comes under a different category, the literature concerning it within the ranks of the profession being exceedingly scanty. And yet the necessity for good books upon it—books far better than any I can hope to write—seems to me very pressing, and perhaps never quite so much so as to-day.

In saying this I allude to two factors which largely sway men's thoughts at this time. The one is the great psychic wave, mainly of American origin, that, besides disgusting most thoughtful

minds with its extravagances and carrying away thoughtless minds with its pretensions, contains sundry deep underlying and notable truths. The other is the great advance of thought and speech transference now possible through the slightest and almost imperceptible material agencies—a simple diaphragm and wire in the telephone, and a tiny cylinder and wire in the marconigram—the power that spans the space being in either case etheric waves, guided in the telephone from one brain to the other along a given track by a wire; in wireless telegraphy spreading through space in free circles (or even spheres ?) till through its medium brain touches brain.

These latter-day wonders have undoubtedly not only whetted men's appetites for greater marvels, but have led them, not unreasonably, to expect such within the near future. Why not, therefore, in medicine ?

But there are at least two other reasons for writing on psychotherapeutics which seem to me to appeal yet more forcibly to the medical profession; and they are certainly the two reasons that have induced me to write this book.

It appears to me that all who have the progress of medicine at heart, and whose eyes are not alto-

gether blinded by the glittering achievements of science, must feel, as I do, both annoyed and ashamed at the double spectacle of the rampant progress of quackery and the impotent futility of our opposition to it. In Chapter X. I have quoted the latest utterance (by Dr. Hutchison at the London Hospital) on the subject. Let those who think 'impotent futility' too strong language read that address for themselves; while those who would measure the amount of annoyance the present position of quackery causes to thoughtful minds should study Sir James Paget's letter with which my last appeal ('The Force of Mind') on this subject opens.

As to the remedy I suggest, those must judge of its efficacy who have patience enough to read this book; but I maintain that, whatever opinions may be held of the value of the cure, there can be no doubt as to the urgency of the case.

One last point I should like to urge. Once it is decided that there is a power for good in unconscious therapeutics (and really I think few are hardy enough to deny it), is it not clear that no medical training can be complete that does not teach it? In the last chapter, under seven heads, I have shown how wide is the scope, and how great

the interest, of the subject, and throughout the book I have urged its being systematically taught.

And now to close with the usual explanations, which are specially needed here.

Having but one subject to write about, and being forced to ring the changes on it, the reader will find at least two things to complain of in this book. The one is, that I quote a good deal from myself; and the other, that over and over again I say the same thing in different words.

But I care not what faults of style, what sins of repetition and reiteration, I am charged with, so long as I drive my point home; and I know well the force of saying the same thing fifty times over in compelling thought on the subject. And it is this last that is the measure of my success; for this book is no bid for fame, no commercial venture, no academic expression of philosophic doubt, but an earnest, though I fear inartistic, attempt to get into the minds of the profession what I very much want them to know, and that is—that there is one great branch of therapeutics they still ignore, to their own great loss and to their enemies' advantage.

ALFRED T. SCHOFIELD.

6 Harley Street, W.
April 1904.

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UNCONSCIOUS THERAPEUTICS

OR THE

PERSONALITY OF THE PHYSICIAN

CHAPTER I

THE MIND IN THERAPEUTICS

On psychotherapy.

'PSYCHOTHERAPY owes its position of chief importance among the general therapeutic agencies . . . to the better comprehension on the part of the physician of the influence which he is able to exert upon the minds of his patients, and through that upon their bodily processes.' [1]

These words, from a well-known New York physician in an important work on the nervous system, show us what a different position is accorded to this branch of therapeutics in the States from that which obtains here. And this is all the more noteworthy in that it comes from a country that is overrun with every form of perversion and misuse of psychotherapy in countless varieties of quackery; so that were it not for the

America overrun with quackery.

[1] Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 136.

inherent value of these therapeutics and their ubiquitous nature, physicians of good standing might well be shy of handling them. But Dr. Collins and his work are well known as of the first rank; and the occurrence of such a sentence in such a book, from such a quack-ridden country, is more significant than at first sight appears, when we consider that in our own country the very name of 'psychotherapy' is often enough, and more than enough, to prevent further investigation. There can be no doubt that prejudice, deep-rooted and unreasoning prejudice, as opposed to the spirit of free inquiry, rules far more strongly over here than with our cousins.

The personality of the physician.

The subtitle of this work, 'The Personality of the Physician,' is, I think, a somewhat novel one to the profession in England, where with that modesty which so often conspicuously clothes our countrymen personally, if not nationally, the medical man is somewhat unaccustomed to bestow much thought upon his own attractions; and still less to put himself on a level with anything in the pages of the British Pharmacopœia as of distinctly therapeutic value: in force equal, let us say, though not similar in action, to aloes or calomel.

The title itself, too, 'Unconscious Therapeutics,' has rather a weird and even sinister

sound to medical ears; for it must be admitted that calomel and aloes are generally administered when both doctor and patient are in a conscious state. The meaning, however, of this subtlety will be unfolded in the next chapter.

Unconscious therapeutics.

The general connection of mind and body is perhaps too trite a subject to be descanted upon here at any length; for it is now generally accepted in theory, however little it may be used in practice. 'Not a thought,' says Dr. Moore,[1] 'not an idea, not an act of will, not an affection or a feeling of the mind, can be excited without positive change in the brain, and thence in the blood and the secretions; for every variation in the state of the whole or any portion of the nervous system is of course accompanied by a correspondent change in those organs and functions which it furnishes with energy; so that the mind and body are in a constant course of action and reaction on each other as long as life and consciousness continue.'

Dr. Moore on the power of the mind.

Therapeutics generally have been divided into four classes: *chemical* (antitoxins, drugs, &c.); *physical* (food, electricity, baths, climate, &c.); *mechanical* (massage, exercises, rest, &c.); and *mental* (through the unconscious mind directly

Four classes of therapeutics.

[1] Dr. Moore, *The Power of the Soul over the Body*, p. 301.

and indirectly). I presume this division of therapeutics is not devoid of meaning even now; but it is a little singular to notice how entirely the science and teaching in our profession are concentrated upon the chemical, the mechanical, and the physical, to the dire neglect of the mental.

Mental variety alone neglected.

It seems to me, therefore, that whereas profound apologies may be rightly expected from those who thoughtlessly add to the interminable lists of books upon these first three classes (unless, indeed, they have some distinct advance to record), none whatever is needed for an attempt to bring the fourth (the mental) a little more into line with the rest; although we may include many points that are well known, and not advance any very startling novelties.

Sir W. W. Gull's private opinion.

Sir W. W. Gull[1] tells us, as his own opinion, that 'the education and connections of the psychic force are worthy of all attention.' Quite so; but, though it is now some years since Sir W. W. Gull said this, I venture to think this education is still conspicuous by its absence, and the connections (with cures) alluded to are but little known.

We have high authority for the virtue connected with 'a single eye,' and there can be no

[1] Sir H. Acland, *Memoirs of Sir W. W. Gull*, p. liii.

A single eye.

doubt that this[1] has been cultivated in the profession for the last thirty years to an alarming extent. The single eye, which alone illumines so many medical minds now, is scientific, mechanical, practical, observant, and accurate.

Stereoscopic and 'flat' vision.

But after all, though a single eye has the great advantage over two that it cannot squint, or be distracted by looking at two things at once, it has the enormous disadvantage of not possessing stereoscopic vision; which in medicine, by obtaining two different views of the patient at the same time, sees him as a solid living entity of three dimensions, instead of viewing him on the flat as a troublesome adjunct to his disease in two dimensions. The single eye can of course see the body at one time, and can also see the mind at another, if the gaze be turned thither; but it cannot view both at the same moment, and combine them in the one picture of the living man. 'Now there is such a thing as stereoscopic thinking—the viewing subjects, as well as objects, with our two eyes;'[2] and we must look and think stereoscopically

[1] By 'this' it is obvious that I refer to the sight of one eye, and not, as is often meant by the expression, the single vision of two eyes as opposed to diplopia.

[2] Dr. John Brown, *Horæ Subsecivæ*, 1st Series, art. 'Locke and Sydenham,' p. xxiii.

We must see with two eyes.

if we would ever see or know the truth. One eye on the mind and one on the body; one eye philosophic and imaginative, and one scientific and observant; one theoretic and one practical, one seeing the invisible and one the visible, constitute the double vision that has ever characterised the leaders in every profession, and specially all really great physicians. In a future chapter I shall produce abundant evidence to prove this: at present I am content to state it.

False limitation of mind to consciousness.

To return to the action of the mind upon the body. One great reason undoubtedly for its neglect as a subject for medical study is the complete limitation of mind, till lately, to that part of it where consciousness is found. This may be a useful limitation when the study of its conscious powers and faculties is the question, but is peculiarly disastrous in the present case, when its relation with the body is the point; for not only does there seem no possible connection between our conscious reasoning powers and, say, neuralgia of the spine, but as a matter of fact, if we try to connect them by either endeavouring to produce or remove this affection by the mind or will, we are as a rule doomed to failure. Sir James Paget made the strongest efforts to affect his body by his mind, but found he had no power to do so. In fact, conscious

Little power of the conscious mind over the body.

efforts in this direction are mostly futile, and even where effective the range of action is extremely limited. It is this error that leads to much of the gross exaggeration that abounds. The public are led to believe that cures can be effected by conscious will and direct suggestion in nearly every case of sickness. Now, though there is no case of sickness where the mind does not play some part, such a statement is misleading and incorrect.

It is obvious, therefore, that any teaching that limits mind to its conscious part, *ipso facto* places a great barrier to any study of the relations of mind and body.

Conception of mind must be widened.

For this study our psychology must be widened, and the extent of mind must not depend upon the amount of its action that we can see by the light of consciousness, but upon the amount we can trace from the results that ensue. If I see a watch, I see mind impressed on metal; as in a vase, on china. A hut on a desert island is as much a proof that a reasoning mind has been there, as even a footprint on the sand. My mind is not limited to what I see of it, any more than my body, parts of which I never see at all. That portion of the mind that lies beyond the light of consciousness some call 'the subconscious mind,' or the subliminal self; others, 'that part of the conscious mind of

Mind recognised by its products.

Subliminal self.

which we are not conscious ;' while physiologists as a rule prefer the non-committal but meaningless terms of 'Nature,' 'Physiology,' 'Unconscious Cerebration,' and the like. I think, however, 'unconscious mind' is the simplest and most expressive term.

Apologia pro libro meo.

It may not be out of place here briefly to give my 'apologia' for interfering in psychological matters so far as to write a book with such a daring title as 'The Unconscious Mind,'[1] and I think I shall be able to show that in my case it was no question of choice, but a matter of necessity.

Early training.

In my student days I wondered much what might be the meaning of the phrases 'Nature did this,' and 'Nature controls that,' that I found in my physiological text-books; and in Kirkes' 'Physiology' I got some answer in a much-valued chapter (V.) on the 'Relation of Life to other Forces,' a chapter that was still extant in the tenth edition, but omitted subsequently, I believe, in these more scientific days. But, like Oliver Twist, I wanted more, and commenced some elementary studies in psychology. Dr. Sutton's remarkable philosophic teaching at the London Hospital helped me further, together with Dr. Lionel Beale's theories

[1] *The Unconscious Mind*, 3rd edition. Hodder & Stoughton.

on Life and Protoplasm. But it was not until I had been in practice for some time, and found that my work began to gravitate more and more to nervous cases, that I came face to face with the real problem for solution. Cases of hysteria—or, better, 'neuromimesis'—somehow never seemed to try my patience, as I found they did that of others; not because I possessed more, but because from the first I was fully convinced that the sufferings were real. Experience, reading, and converse with friends soon showed me that in the ætiology of neuromimesis the profession seemed veritably on the horns of a dilemma, a position of proverbial discomfort. This situation quite accounted to me for any impatience, as well as any contempt, that might be displayed. The dilemma was this.

Problem of hysteria.

Finding no organic basis for the symptoms displayed and the pain complained of, in the supposed disease (say of the knee-joint), doctors were compelled to attribute these to mental ideas and call this disease 'neuromimesis' or hysteria. Now if the mind be bounded by consciousness, such ideas and such symptoms of disease must be conscious ideas, and symptoms formed with the knowledge and will of the patient; and such symptoms must, if produced by mind at all, be consciously produced. But the conscious

Mentally caused, and yet not consciously caused,

representation or imitation of what does not exist, constitutes fraud or malingering, not neuromimesis or hysteria; unless, indeed, as many supposed, and perhaps some do still suppose, that the one is synonymous with the other. Those therefore who were driven to consider the disease mental, were also logically, by reason of their psychological teaching, driven to consider it fraudulent. If it were not fraudulent, to them it could not be mental. Now I, doubtless with many others, felt certain that it was mental and yet not fraudulent. But how mental? For here was another difficulty. Could the conscious mind by any effort produce the heat and redness and swelling in exact simulation of an inflamed knee that I have seen in hysterical joint disease? Could the will by any power, consciously exercised, contract a part of the rectus abdominis muscle, or isolate and distend a section of the bowel, on one side in exact simulation of an abdominal tumour, or produce capricious anæsthesias, hyperæsthesias, or temperatures in various parts of the body?

therefore caused unconsciously:

Certainly not. The powers of the conscious mind are exceedingly limited. And yet neuromimesis is a mental disease. Clearly, then, there must be another mind, or another part of the mind, in far closer touch with the body, and with

never by the conscious mind.

far greater powers over it, and also wholly unconscious in its action. Being driven to postulate this out of sheer necessity, I began to think: 'Perhaps this is my old friend "Nature" out of the physiologies, who was said to work such wonders there.' Still, it seemed rather daring to start an 'unconscious mind' on such slender bases. I therefore looked again at the psychologies, not only English, but German, American, and French, and I found abundant warrant for believing in the existence of this mind. One after another declared that psychical processes proceeded out of consciousness, just as they did within it. I found, as far back as 1888, a very learned society, 'the Aristotelian,' definitely deciding that 'mind was *not* synonymous with consciousness.' I found that the most conservative of my old psychological friends themselves left loopholes everywhere for the intruder, in showing that mental processes did go on '*beneath the threshold*' of consciousness, or in its 'background' or 'dim regions.'

Aristotelian Society on mind.

Professor White, in 'Mind,'[1] points out that 'the facts of physiology have at length led psychologists to see that the states of consciousness form only a portion of the mental life, and have as

Professor T. White on mind.

[1] Dr. T. White, *Mind*, vol. vi. p. 506.

background subconsciousness and unconsciousness.' 'At first,' he continues, 'it seems like a contradiction to speak of facts of unconsciousness as belonging to psychology; but when it is considered that the same changes in the nervous system may be accompanied by consciousness or some subconscious change, it is evident that mind must consist of other elements than those which appear in consciousness. The study of physiology was necessary to bring out clearly the conception of unconscious feelings as facts in mental phenomena.'

We have not two minds.

I felt, therefore, that the term 'unconscious mind,' though somewhat new in England, was the best to describe this mind that rules the body. Had we, then, two minds, or even more? I thought not; for it seemed to me that the proof that the unconscious mind *was mind* consisted in the fact that its operations were similar in character to those carried on in consciousness. Once, therefore, displace, as I said at the start, consciousness from being in any way a defining limit of mind, and let the definition be based rather on the character of its action, and it is seen that the mind is one and indivisible; part, indeed (the conscious), illumined by consciousness, and part (the unconscious) left in darkness;

a tract between the two (the subconscious region) being sometimes in light, and sometimes in obscurity. Great efforts are made to call the 'unconscious' the 'subconscious.' Now, though one would not trouble about words as a rule, such language is misleading. The unconscious means what can never be brought into our consciousness, to which alone we refer; and it is useless to say it may have a consciousness of its own.

The subconscious means that part just out of our consciousness which may by effort be brought within it. The distinction should be observed.

Religious problems solved,

May I also be allowed to say in passing, for the benefit of some of my readers, that I found this fact of an unconscious mind threw a great light on the problems of religion, where a new spiritual force is believed to enter the man wholly unconsciously; also on ethics, where the character is formed unconsciously; on conduct, where action results from unconscious impulses; on childhood, where education from environment proceeds unconsciously; and on art, where genius acts from entirely hidden springs?

as well as many others.

So, not in my practice alone, nor even in medicine generally, but in the whole range of study, I found much that had been obscure become simple and clear, once the meaning of the word 'mind'

included the whole, and not a part. But in hysteria or neuromimesis, clearly though the action of this unconscious mind now fully accounted for the phenomena, it evidently was not in a normal and healthy condition, but abnormal and diseased.

Sydenham on hysteria.

Sydenham, who was the first to recognise hysteria, said it was the most common of all known diseases, and depended on 'ataxia' or disturbance of the 'animal spirits' (or 'the breath of the soul' of Galen)—a very near approach to disorder of the unconscious mind.

Dr. J. Collins on cortical excitation.

The most recent work on hysteria says :[1]

'Cortical excitation, no matter how it may be awakened, . . . may be assumed to be capable of producing both functional and organic diseases of the nervous system, and in a less degree of all other tissues of the body.'

This 'ataxia' of Sydenham or 'excitation' of Collins producing disease, is clearly an abnormal action of the unconscious mind.

As a result of these various considerations, I accepted 'the unconscious mind,' not, let me repeat, as a separate mind from that hitherto known to psychology, but as a further part of it, never

[1] Dr. J. Collins. *Treatment of Diseases of the Nervous System*, p. 138.

illumined wholly by consciousness; and related, as I found, curiously enough, to the highest and lowest parts of my being—the conscious mind seemingly, like the spectrum or thermometer, to occupy the middle range, with unmarked tracts extending beyond consciousness above and below. Conscious will, I found, could hardly affect the body at all by any direct effort, however strong; whereas indirectly, through, as I believe, the medium of the unconscious mind, its powers were most extensive, and produced not only functional symptoms, but others organic in character, as I shall show hereafter.

The spectrum and thermometer.

I was, of course, hardly surprised when I found that my book on the subject excited strong opposition, partly, it seemed, because this extension of mind tended to throw down the intellectual barrier between man and the lower animals, and partly because it tended to exalt what might, after all, be but sensori-motor reflexes into mental processes.

Causes of opposition to the unconscious mind.

The former objection is, perhaps, hardly worth combating; and with regard to the latter, there are in the body, and specially in the spinal cord, innumerable natural reflexes of a low order that seem to postulate no mental action. But these reflexes were never intelligently performed, as is the case with all acquired reflexes. The position

Natural and acquired reflexes.

is no longer possible that the same intelligent and purposive action ceases to be mental whenever it, or any part of it, is performed unconsciously. The new psychology, in the able hands of Wundt[1] and others, has already obtained such a sufficient hearing, that to make mind now synonymous with consciousness is a questionable proceeding; while even in 1898 to say otherwise was in certain circles, as I well know, anathema!

Voices in the wilderness.

It is true there were many voices crying in the wilderness; but they were unheeded. Romanes, Fritz Schultze, Paulsen, and many others taught that our unconscious presentations, sensations, and volitions all pertained to our psychic life; and that, indeed, the field of this unconscious mental action was far more extensive than that in consciousness.

No real line of demarcation.

But we must ever remember the two provinces are intimately connected, and are separated by no sharp line of demarcation. An unconscious presentation may become conscious at any moment; while, if our attention be withdrawn from it, it at once disappears again into unconsciousness.

[1] Wilhelm Wundt, of Leipzig, is perhaps the ablest living psychologist, and in his lectures on human and animal psychology he has conclusively proved that the theatre of these most important psychic processes is in the unconscious soul. See Wundt, *Beiträge zur Theorie der Sinnes Vermehrung*, pp. 169, 375, 436, 488. Also *Physiological Psychology*, Introd. p. 5.

But, as I have said, this enlargement of mind, though not perhaps ridiculed now, is still but little understood; and, for want of it, the interaction of mind and body is most obscure. That the significance of this mutual dependence of one on the other is overlooked, 'one illustration,' says Dr. J. Collins,[1] 'will make clear. It is customary for many physicians to speak of a "pain . . . as imaginary." The only purely imaginary symptom without a physical basis is one that a patient describes when he is *not* telling the truth. If a patient possesses a symptom as a mental content . . . there is an underlying physical process connected with the cellular contents of the cortex.' Setting aside, however, incautious expressions which survive from erroneous and perhaps exploded ideas of the past, there can be no doubt of the practical advance in the recognition of the mind in therapeutics by the modern physician. I do not allude to the up-to-date young man just cram-full of the science of the schools, very largely undigested; for he has as yet had no leisure to think at all—at any rate, in a direction so contrary to his text-books and about a subject so 'visionary' as mental therapeutics.

Pain is never 'imaginary.'

Psychology has advanced,

[1] Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 137.

and physicians also.

No! I refer to the physician who is sobered and widened by experience of men (and, shall I specially add, women?), and who has perforce been driven to own the extraordinary ubiquity of mind as a factor in bodily affections. He deserves great praise in proportion as he takes the mind into account when treating the body; from the simple fact that he has never been systematically taught to do so in school or hospital, and therefore he owes his knowledge of mind and body entirely to his observation and common sense; and his power of treating or helping the one through the other, to his own skill and tact, and in no way to his medical training.

Great honour is surely due to men who successfully practise what they have never been taught.

Dualists and monists.

It will be clear to those who have followed me so far that I definitely take up the position of a dualist—a believer in a mind and in a body. It is not a little remarkable in this connection that such men as Kant, Virchow, Du Bois-Reymond, W. Wundt, and C. E. Baer all began to write as monists, and all in later life, with more experience, became dualists.

And yet, notwithstanding my belief in the mind

and body, one great object of this monograph is to enforce the truth that the two (or the three) are but as one—that a man is a unity, and that, although body be body and soul soul, nevertheless in our experience during life the one never moves without the other. This fact, if accepted and pondered over, will perhaps bring home to every reader of these pages the somewhat dangerous position of a man, a member of a learned profession, who sets out to deal with men in their most critical moments in life with a profound study of the body, and, to say the least, a very incomplete knowledge of the mind.

Man is a unity,

Of course, there is nothing wrong in it, if you can treat the disease apart from the man, or the body apart from the mind; but what is becoming more and more evident is that you cannot do this, and each year medical men are waking to this fact, that has long been ably insisted on by such physicians as Weir Mitchell, Sutton, Reynolds, Paget, Gull, Clark, and many others.

and all points of this unity must be studied

Perhaps this book may lead some to consider seriously the essential connection between successful practice and the great truth of the unity of man.

CHAPTER II

VALUE AND VARIETIES OF MENTAL THERAPEUTICS

The value of unconscious therapeutics.

BEFORE entering upon the varieties of mental therapeutics and showing how and in what way the term 'Unconscious Therapeutics' may often be applied to them, I should like for a moment to say a word or two about their value—first of all on their own account, and, secondly, on account of their great importance in successful practice.

In the first place I need not stop here to prove the existence of mental therapeutics. In a previous work I have done this at length,[1] and, indeed, one has only to consider how many diseases are produced by the mind, to be led to the legitimate deduction that what can be mentally produced can probably be mentally cured. And yet, simple as this conclusion appears, for years men have sought to cure with drugs alone, diseases confessedly of mental origin. I do not object to drugs as

Mind can cure diseases it produces.

[1] *The Force of Mind*, 2nd edit. J. & A. Churchill.

adjuvants in these cases: for the truth remains that no disease is purely mental, any more than any disease is purely physical. Hence material and mental remedies, not only empirically but scientifically, go well together.

No disease is purely physical.

Mental therapeutics, however, not only co-exist with material, but may be of greater importance. Drugs are sometimes given to relieve symptoms only, and symptoms moreover that might be beneficial. Mental therapeutics are not aimed at symptoms, but generally attack the root of the disease, or at any rate its mental root. Alteratives for the mind are generally more important and efficacious than alteratives for the body. There are mental analogues to iodide of potassium. Again, not only are mental therapeutics ever a great resource and adjunct in ordinary medicine, but there are some forms of disease where they constitute the only remedy that is effectual.

Ordinary therapeutics often symptomatic.

Mental therapeutics deal with the cause.

De Fleury, with his poetical pen, paints a glowing picture of what may result from the intelligent use of mental therapeutics by the profession. He says:[1] 'As a Marcel-Desprez disciplines tides and cataracts, the forces of blind nature; so the sound medical moralist might be able to double the

De Fleury on mental therapeutics.

[1] Maurice de Fleury, *Medicine and the Mind*, p. 224.

amount of voluntary energy and moral strength in us all. And perhaps it is already possible to forecast the means by which he will make a channel for those undulating waves [in the minds of] weak human beings, whereby they may take form and consistence, and be no more scattered and lost.' He also points out that,[1] 'Now that the path is open, there is no real reason why psychological therapeutics should not make the same progress that we admire so much when antiseptic surgery or microbes are in question. As a matter of fact, medicine for the mind has partially existed for ages; all those who have endeavoured to relieve the nervous have practised it, often *unknown to themselves*.' It is here we get the idea of our title, 'Unconscious Therapeutics.' 'The Church, with its rules of life, its abstinence, its food regimen, and other health laws, has ever been a great hygienist.'

Uncon-scious the-rapeutics.

With due allowance for French poetry, there is no doubt that a great advance is impending in the profession in this direction; an advance which will at first be encumbered with many mistakes, but which will eventually be of the most solid benefit to both patient and doctor.

Probable advance in mental medicine.

[1] Maurice de Fleury, *Medicine and the Mind*, p. 372.

I have already alluded in the 'Force of Mind' to a remarkable letter from Sir James Paget to Sir H. Acland, which plainly shows the need for this advance. Translated into bald prose, it sets forth 'that the disgrace of the writer, of Sir H. Acland, and of other eminent colleagues is to be expected, owing to the power possessed by some "bold quack" to cure an attractive patient of Sir James Paget's through her mind by mere "force of assertion;" the process of cure apparently consisting of the lady "being juggled out of her maladies."'

Letter from Sir James Paget.

Such an unconscious revelation of the thoughts of a great and powerful teacher demands our closest attention; and an analysis will be found to well repay the time it may require.

The general picture it presents is at first sight absolutely amazing. We see these justly distinguished men sitting down, and calmly awaiting their inevitable disgrace (with a fatalism worthy of Hindoo fakirs), at the hands of 'some bold quack,' in the cure of this 'clever and charming lady' whom they all seem powerless to help.

An amazing picture.

Try to realise for a moment the horrid conceit of the 'bold quack' who reads this letter, and

whose powers over this 'widely known lady' are thus accredited by the leaders of the medical profession, themselves paralysed by impotence.

Something very wrong somewhere.

We must feel instinctively that 'something is very wrong somewhere, for such a grotesque picture to be possible; and the pathos is that it should have to be drawn by the pen of such a man as Sir James Paget.'

Great loss from neglect of mental therapeutics.

The aggregate loss to the profession in prestige and money alone from the neglect of mental therapeutics must be enormous; to say nothing of the pernicious effect of allowing quacks to cure patients that we could very well cure ourselves, if we were wise enough to use all the instruments placed in our hands for the purpose. But philosophy in medicine is not in fashion just now.[1] The sternly practical and scientific character of the medical school training, the mechanical and chemical plane on which our physiologies move, the strictly material nature of modern pathology, all tend to foster the false belief that consideration of the psychic in medicine is archaic in character and futile in result.

Let us, however, remember that medicine is

[1] *Force of Mind*, 2nd edit. p. 10.

not only a science, but an art. The two have been suggestively contrasted as follows: [1]

In Medicine

Art	Science
has a method,	has a system,
looks to function rather	looks to structure
than structure,	rather than function,
acts,	speaking,
is unconscious,	is conscious,
uses one eye.	uses the other eye.

Medicine as a science and an art.

Wisdom in Medicine

uses both eyes, discerns solidity as well as surface, and seeing both sides uses mind and body for the cure of the one man.

The part played by the mind in medicine, curiously enough, is often more recognised by the laity than by the profession, or at any rate its younger members, fresh as they are from scientific schools, which so largely ignore psychological teaching.

There is even a greater hindrance than this to the spread of the truth. Sir William Gairdner [2]

Sir W. Gairdner on the pernicious despotism of medicine.

[1] See Dr. John Brown, *Horæ Subsecivæ*, 1st Series, art. 'Locke and Sydenham,' p. 196.

[2] Sir William Gairdner, *The Physician a Naturalist*, p. 66.

speaks of 'the pernicious despotism which has been exercised over the art of medicine by the fetters of dead orthodoxies,' and never was there a truer saying; for the 'dead hand' still lies heavy on the profession.

Simplicity is not shallowness.

But there is a growing number of emancipated minds in whom a wise instinct has wrought simplicity in practice. And yet the simple is not the shallow. The study of Nature's methods leads to simplicity; but it also leads to depths more profound than pharmacy. There is also everywhere a growing reliance on what we may call natural medicines, rather than on drugs. Change of air, earth, and water, and a great variety of physical exercises and influences, are used more largely in practice every day.

Sir W. W. Gull on 'a warm bed.'

Sir W. W. Gull, as quoted by Sir H. Acland, of Oxford, went so far as to say in favour of natural remedies: 'There are a good many general practitioners: there is only one universal practitioner—a warm bed.' I have already claimed that mental therapeutics play some curative part in every disease, and it appears this claim may, on the above authority, be extended also to 'warm beds.'

A patient as a motor-car.

But there are many others who do not treat the man as a man; but, as I have pointed out in

my first chapter, too often treat him mechanically, as they would a motor-car out of order.

For[1] to the materialist the invalid has for therapeutic purposes no more mind than the car; while, even if the medical man credits himself with any mental force, he does not for a moment suppose it can assist his patient, any more than it can matter to the motor-car who the mechanic is that repairs it, provided the right means are used.

I am aware the simile is not very apt, but it may be effective enough for my purpose.

Cars cannot, like men, be repaired by psychic means.

Has it, then, ever occurred to our materialistic medico to ask how it is that the human motor-car is often perfectly repaired by means which to him are ludicrously inadequate—having often little that is material about them; or, on the other hand, what is equally puzzling, how it comes to pass that the same bolts and nuts put in by one mechanic repair the machine, while exactly the same process fails in the hands of another? Such questions, fairly pondered over, would go far to demonstrate the disturbing action of the mental factor in every disease as well as in every cure.

Sir J. R. Reynolds on human life.

Human life is the life of a being that ever combines the mental with the material, the

[1] *The Force of Mind*, p. 153.

spiritual with the natural. Of it Sir J. Russell Reynolds nobly says:[1] 'It is to be studied in the silent and solitary depths of your own consciousness, as well as in the lecture theatre and dissecting room; you must see it in the minds and hearts of your patients as well as in their limbs and viscera; you have to deal not merely with that which may be analysed, experimented upon, cauterised, bandaged, or cut off and cast away; you have to do not only with those pains which may rack the body or disturb the mind; you have for your study not only the material fabric which is so mysterious in its facts and processes; but you have also for your study its still more mysterious tenant.'

The mysterious tenant.

An interesting fact in connection with the 'mysterious tenant' in disease, is that the nature of the mind is sometimes seen more clearly in disease than in health. Paget says:[2] 'Personal characteristics are revealed, not concealed, by disease.'

Varieties of unconscious therapeutics.

It is obvious that the term 'Unconscious Therapeutics' is, as I have said, capable of various interpretations. These would include therapeutics

[1] Sir J. Russell Reynolds, *Essays and Addresses*, p. 43.

[2] See Quain's *Dictionary of Medicine*, 1894, vol. ii. p. 315.

used by the physician unconsciously, though well known consciously to the patient; and we shall see as we go on what a range this covers. They would also include methods used consciously by the doctor, but unconsciously to the patient, either by his not knowing they are being used at all, or at any rate by his being completely ignorant as to the mode of their action.

And, again, they would include therapeutics acting unconsciously to both doctor and patient. Very few mental therapeutics, indeed, act as cures consciously to both doctor and patient; one or other is generally unconscious of them, and often both.

Very few mental therapeutics are conscious.

There are at least four ways by which mental therapeutics can be applied to disease:

Four ways of applying them.

1. By the direct instinctive power of the unconscious mind inherent in itself, which is generally called the *vis medicatrix naturæ*, the range of whose action will be spoken of in the next chapter. This action is at present generally unconscious to both patient and doctor.

1. By the *vis medicatrix naturæ*.

2. By the unconscious mind, influenced directly by surrounding forces or other unconscious agencies acting as suggestions. This, too, is generally unconscious to both doctor and patient, though not always so to the former.

2. By environment.

3. By indirect suggestion.

3. By indirect suggestion to the unconscious mind through consciousness, made by the doctor by drugs and various agencies and methods that he uses. These generally are consciously used by the doctor, but the patient is unconscious of their action. These differ from those of the second class by being purposely employed.

4. By direct suggestion.

4. By the unconscious mind indirectly acted on by the conscious, stimulated directly on the part of the patient by a determination to get well, to shake off illness, ignore pain, &c. These are therapeutic means of which the patient is necessarily always conscious, but the doctor often unconscious.

We will now proceed to look a little, first of all, at those mental therapeutics connected with suggestion.

Bernheim on double brain action.

Professor Bernheim accepts the theory of Herbert Spencer and of many psychologists that in the brain there are two sorts of mental and nervous actions—the one instinctive and unconscious, the other rational, volitional, and conscious. The man in whom the conscious predominates is less liable to be acted upon by environment, or suggestion, or external impressions generally, and is less a creature of impulse than the one in whom the unconscious and instinctive is predominant.

The more our actions are the result of impulse, and are moved by unconscious springs, the more susceptible are we to all our surroundings, and to all varieties of suggestive therapeutics; but there is no class on whom they do not act to some extent. A thoughtful reader will note that here we have one of those subjects that are well worthy of careful study in the medical curriculum.

A subject well worthy of careful study.

The rational form of mental therapeutics in treatment by suggestion in the conscious state is certainly gaining ground everywhere and becoming better understood. It has a negative and a positive side. The former consists chiefly in removing bad influences from the patient's mind, whether they be objective influences from the world around, or subjective, arising from the patient's own disordered thoughts within.

Conscious suggestion has two sides.

The latter consists in infusing into the patient's mind various curative mental influences, such as faith and hope and rational ideas, which tend to counteract the unsound mental action.

All these mental therapeutics act on the unconscious mind, but in two ways—directly, and indirectly (through the conscious). The latter action is illustrated in all treatment that appeals to the patient's reason—methods that he sees and

Direct and indirect action.

1. By the reason.

feels, that he knows are intended to cure him, that impress him with their power. He is conscious of their effects. He feels better for their application, though all the time he is wholly unconscious that they have benefited him through the mind and not through the body. If he knew this, in many cases no cure would result, for material remedies are in favour at a heavy premium, while mental medicine is in the shade at a large discount.

By means ostensibly physical.

It is for this reason that most suggestions that are successful must be made indirectly, not ostensibly addressed to the mind at all, though scientific analysis shows that it is solely through this channel that they are efficacious.

2. Apart from reason.

But the unconscious mind can also be reached therapeutically directly,[1] without any conscious process whatever; and this in two ways.

By hypnotism.

Hypnotism is one—a power that abolishes consciousness and addresses suggestions directly to the unconscious mind, which is in this condition easily reached and powerfully affected.

It can be made in the hypnotic state to act

[1] The terms 'directly' and 'indirectly' may be a little confusing, and need further explanation. By 'directly' we mean an action of which the patient is not conscious at all, and by 'indirectly' one of which he is conscious in part.

directly on the body and produce gross organic changes in a way that would be incredible if it were not established by innumerable experiments.

Or without it.

But, apart altogether from this method, which I in no way recommend for general practice, even were all doctors competent to use it, there is another way of directly acting on the unconscious mind of the patient, and that is through the mental personality of the physician.

A physician should not be ignorant of his own power.

It is perhaps best that the patient should in this case be only conscious of the good results rather than of their cause; but the physician, while never morbidly self-conscious, should certainly know all that can be known of the power that he is wielding every day, in being what he is, and looking and speaking as he does.

Hypnotism good for diagnosis.

As a matter of fact, useful therapeutical suggestions can perfectly well be made in many ways naturally without hypnotism. At present hypnotism is perhaps of the greatest use in affording a unique means for investigating obscure psychic phenomena. In this direction it is far more successful than in therapeutics. One illustration of the value of such investigation is in the discovery that in hypnotic as in hysterical subjects the range of perceptible sensations is much

increased, so that in both states, feelings, signals, and faint impressions are perceived that otherwise do not enter consciousness, showing in hysteria and hypnotism analogous conditions, which is in both the bringing of the unconscious regions of the mind temporarily into consciousness.

Suggestions without hypnotism generally useful.

As a rule, therefore, for therapeutical purposes, suggestions without hypnotism are not only more useful and more easily applied, but are much more likely to be employed generally by the profession, which still rightly or wrongly looks askance upon hypnotism.

Those who are sceptical as to the value of these therapeutics may study with advantage the innumerable cases where disease has been produced by the same processes. Indeed, the list of such suggestion-produced diseases includes many of the graver lesions, such as cancer, diabetes, paralysis, and the like. Dr. Lloyd Tuckey remarks,[1] not without reason, that the action of the mind may explain the numerous cases where medical men have fallen victims to diseases of the organ which has been their especial study, as Trousseau died of cancer of the stomach, &c. It is exceedingly

Dr. Lloyd Tuckey on suggestion.

[1] Dr. C. Lloyd Tuckey, *Hypnotism and Suggestion*, 4th edition, p. 11.

probable, and I think proved, that the mind continuously fixed on any one part of the body naturally alters the nutrition of that part, and so may be a predisposing factor to disease.

Suggestion from past impressions.

Suggestion may take the form of recalling past impressions, as in those cases recorded by Mr. Woodhouse Braine, the anæsthetist, where an ether mask without ether has produced narcosis in patients that have taken ether before, the recollection of the effects of the drug alone producing the result.

Anæsthetics without gas.

But the same phenomenon has occurred with those narcotised for the first time. One anæsthetist to a large dental hospital often pretends to give gas without doing so, and finds many patients become anæsthetic when he simply places the mask over the face and tells them to breathe deeply and go to sleep. Anæmic girls appear the best subjects for this harmless deception, as might naturally be expected from the weakness of their conscious reasoning powers, partly owing to the malnutrition of the brain.

The mask without ether has its analogue in all treatment, the therapeutical value of which goes far beyond anything that can be attributed to its direct effects on the organs or tissues; showing

clearly that its curative power must mainly be exerted through the medium of the unconscious mind.

Dr. Herman on psychic value of remedies.

Dr. Herman, for example, speaks of the 'occupation' of the patient's mind by massage and electricity, and says, 'The mystery of electricity satisfies the patient that something powerful is being done, and gives her confidence.' But Dr. Herman would be the last to deny that massage and electricity have both their direct effect on the tissues as well as their suggestive effect on the mind.

Dr. Buzzard on the same.

Dr. Buzzard again points out that in hysterical paraplegia the kind of treatment is of little consequence, so that it is profoundly impressive (hereby showing the main value is suggestive and psychic); and further he insists that mental remedies are *prima facie* appropriate to mentally caused disease. He says, 'In the suggestion of paralysis we get a depressed asthenic emotional state ending in the paralysis; in the cure we require a sthenic state, and the exaltation of all the vital powers.' Such treatment is strictly scientific.

Are such means morally legitimate?

And now it is time, no doubt, that the question which has gradually arisen in the mind of the

medical reader who has got so far, must be asked. 'What is the exact moral position of a medical man who attempts to practise on these lines, and uses means that he knows are physically largely inert?'

If not, do not use them.

I must take a little pains in my answer to this question, because on its answer depends much of the value of this book; for if there remains a lurking suspicion that all is not above board and genuine, and consistent with the highest morality, in the practice of mental therapeutics by the medical profession, I for one would say, let it go by the board; and would, I trust, be the last to advocate it.

But they may be more legitimate than drugs.

But such, I assert with the utmost confidence, is not the case; all such therapeutics are every whit as legitimate, genuine, and straightforward (indeed, *I think*, in some respects more so), as the most nauseous draught or pill ever concocted.

The difficulty is in our ignorance.

The difficulty and doubt lie solely in the fact that the medical mind is unfamiliar with the idea of mental therapeutics as an integral part of the regular practice of legitimate medicine, and with its *modus operandi* through the medium of the unconscious mind; and it is because these therapeutics are so largely practised unwittingly[1] that

[1] Somewhat like the Athenians' worship on Mars' hill, which,

I here declare them to the profession, and am obliged to term them 'unconscious therapeutics,' a title which I do not think will be as applicable to the same extent after this little work has been read, as it is at present.

And now to the defence of these therapeutics. In the first place, as we have said, they are largely practised everywhere by every physician—unconsciously. Of this we shall say more in future chapters.

Remedies are seldom purely psychical.

In the second, the remedies used are seldom or never physically 'inert' and purely psychical; they are seldom of the nature of a mere 'placebo,' against which Sir F. Semon has inveighed so strongly,[1] and which I have ventured to vindicate if administered for the good of the patient, and not for the good of the doctor. Placebos may be given consistently with the highest ethics, and have been constantly used in all ages by the leaders of our profession.

Placebos are legitimate.

A fortiori, means which have a certain positive direct physical value in themselves, besides their indirect psychical effect through the unconscious mind,

it will be remembered, was addressed to an unknown god, but constituted really an 'ignorant worship' of the true God.

[1] See *Force of Mind*, 2nd edit. p. 263.

are perfectly legitimate, such as massage, electricity, and other powerful methods of cure.

Quasi-mental remedies still more so.

We shall show indeed that these quasi-mental remedies embrace the whole pharmacopœia of drugs in some part or other of their action.

The uneasiness the doctor feels in dabbling in mental therapeutics is not, however, entirely dissipated by these remarks. He feels he is only on unassailable ground when he can trace the direct action of his remedies on the diseased part—either the process physiologically, or the result empirically, well attested by previous cases.

Empirical medicines are legitimate.

But consider, if I give a patient a remedy and that remedy relieves him, it does not cease to be legitimate if in my present state of knowledge I cannot trace the physiological and the psychological chain from his eyes that see the remedy, his ears which hear it spoken of, his senses which feel it, or taste it, or smell it, and his internal organs which it may be suffer from it, and assimilate it, through his conscious to his unconscious mind, and thence through those mysterious channels through which eventually the diseased part is beneficially stimulated and healed; nor is it made more legitimate if I can succeed in doing so,

and prove that the chain consists only of physiological links and not of psychological.

Mind action is as genuine as body action.

Psychological links cannot be classed as frauds, and physiological links as alone genuine. Mind action on body MUST BE recognised as legitimate and natural as it is wellnigh universal, and its beneficial excitement to curative action by mental therapeutics is not only legitimate on the part of every physician, but essential to all good practice.

'Good' practice must recognise mental therapeutics.

A corollary to this might well be added that that practice is very doubtfully legitimate, and certainly not in the best interests of the patient, that wholly or partially ignores any means of cure on the ground that they are psychical and not physical.

If I discover that electricity, a course of mineral waters, or of movements and baths at Nauheim produce their undoubted beneficial effects, not wholly physiologically as I had thought, but partly psychologically, am I therefore as a high-minded purist forced to despise them and cease to use them, or at any rate am I bound to explain their newly discovered *modus operandi* to my patient? Certainly not. My place is to do neither the one nor the other.

High-minded purists.

If I can cure a patient by mental therapeutics, it is indeed generally more *tuto, cito, et*

jucunde than by material processes, often less empirical, and every whit as legitimate.

Sore point is their unworthy use.

The real sore point, as we have shown, is that mental therapeutics have been so unworthily exploited by humbugs, and so largely used outside the profession by 'quacks.'

I suggest it is only the position of the former that raises a question of ethics; that of the latter is a question rather of trade-unionism. The two terms are doubtless often interchanged, but really signify very different things. A 'quack,' I presume, is a man who, without a proper medical education, takes the place of a medical man, or of one with a medical education who practises by unprofessional methods; but a 'humbug' or a 'charlatan' is a man who acts immorally, not merely unprofessionally; and between the two there is a gulf fixed. He is a man who deceives others for his own advantage; one who accumulates unjust gain by lies; one who knowingly lives by falsehood. A man may be a quack and do none of these things. In my opinion the noble science of mental therapeutics would never have been associated with such people in the way it has been, were it not for the apathy and dislike with which it has been treated by the medical profession.

Quacks and humbugs.

Both defined.

Remedies partly psychical.

We have spoken of suggestion by massage, &c., but the list of therapeutic agencies that act, partially at any rate, through the unconscious mind is a long one, and includes drugs, climates, isolation, special feeding, baths, waters, minor operations, dietaries, special occupations, varied environments, mental alteratives painful and pleasurable, physical or mental shocks, emotional incentives, object-lessons, imitations, commands, ethical and religious influences, dress, gymnastics, travel, study, ambitions, sexual influences, social influences, &c., and indeed all means that can form fresh idea paths in the brain, causing disuse of the old ruts along which ran the vicious trains of thought that caused or kept up the disease on its mental side.

Psychic action of drugs.

But we must go a little more fully into the psychic action of drugs, which is not so well understood as most of the other agencies we have enumerated. And we will here repeat a little what we have said elsewhere.[1]

All drugs have twofold value.

All drugs, or rather compounded medicines, have a twofold value—one physical, and the other psychical. Sir S. Wilks thinks more of the latter. 'I do not say,' he observes, 'that drugs are not

[1] See *Force of Mind*, 2nd edit. p. 212.

useful in a moral sense.' Sir William Gull's prescriptions frequently consisted of *sacch. ust.*, a purely psychic medicine. His followers are legion —all of them regular practitioners, who scorn 'quackery'!

The increasing disbelief in the physical value of drugs has led to a great growth in the use of natural and physiological remedies as opposed to pharmacy; and these physical agencies are greatly to be preferred to the attitude of pure expectation or nihilism, to which at one time the physician was wellnigh reduced.

Growth of natural remedies.

Turning to the psychical value of drugs, in 1771 Unzer remarked: 'The expectation of the action of a remedy often causes us to experience its operation beforehand.' New remedies have thus a greater effect when first introduced than afterwards.

The value of expectation.

It is extraordinary how little the disturbing influence of the mind on the action of drugs, of which I have given some instances, is taken account of by the average physician. So great is it, that the testing of new drugs must be done secretly, or the results will be vitiated by the mental action of the patient. Many of the difficulties and uncertainties of pharmacy really arise

Difficulty of testing new drugs.

from this mental factor. As long as medicine is powerful in psychic qualities it cures readily; when it falls into disrepute or out of fashion, and the halo goes, it loses much of its psychic, and therefore of its real, value. Many will recall the rise and fall of certain remedies as illustrations of this.

Physical action is more certain than psychic.

Moreover, as the supposed rational action of drugs breaks down under modern searching investigation, their use becomes more and more empirical.

Still, certain drugs triumphantly assert their physical powers in spite of latter-day scepticism. No mind force is quite on a par for certainty of action with Mag. Sulph., Pulv. Jalapæ, Croton Oil, or Apomorphia.

Good drugs often inert through the mind.

In serious organic diseases in advanced stages the power of the mind can do little; but then it is also true that drugs at such a time can often do even less. We must not underrate the *rôle* which ordinary therapeutics may play in curing the disease and in building up the system; but it may all fail when there is some mental drawback, which a little judicious advice might remove, and thus change the whole situation.

Milner Fothergill on the will.

The will, as has been pointed out by Milner Fothergill, is a great agent both for killing and

curing. He says:[1] 'Many cases can only be explained by the mental impressions the material agent employed has made, and through the mind the body is reached. "Conceit can kill and conceit can cure," is an old North-country saying as to the effect of faith in remedies in some morbid conditions. The will in acute diseases is in many cases potent. If the patient has no motive to live, the struggle is soon over, for the resistance is feeble. If a sick person, really ill, becomes convinced that the grave is the only prospect for him, the desired or dreaded result is almost always brought about.[2] Where there exists a strong motive to live, no matter whether selfish or unselfish, a successful struggle is often the result.'

'Conceit' can kill or cure.

Dr. Weir Mitchell strongly advises those of us who wish to go more fully into examples of mental cures to read the 'Life of Dr. Jerome Cardan of Milan,' by Henry Morley. He was a remarkable physician, who wrote no fewer than 242 books. He first asserted the value of a good clock to ensure punctuality in treatment, and to form good and healthful habits.

Dr. W. Mitchell on Cardan of Milan.

[1] Dr. J. Milner Fothergill, *The Will Power*, pp. 169, 170.

[2] This is intelligible, if we accept Sir B. Ward Richardson's calculation, that one in every 3,000 is *moriturus*, or so feeble as to be ready to die at any time.

Dr. Bennett on inert drugs.

Dr. Bennett, amongst others, points out that many drugs and systems of treatment are (pharmaceutically) inert, or uncertain in their action, though supposed to act through the blood; whereas, in fact, their successful operation is due to exciting expectant ideas, and through these (by the unconscious mind) acting indirectly upon the disordered parts.

Use of mercury in 1733.

A curious case of the mental effect of drugs is found in the letter of a patient, dated from the Navy Office, May 12, 1733, which says he found himself transformed from the condition of a confirmed dyspeptic into a 'pretty good state of health by swallowing one ounce of crude mercury twice a day for six weeks!'

But let us turn from drugs to spas and other agencies, and eventually to the drug-giver, the physician himself. I may here repeat a part of what I have written elsewhere.[1]

'Cures' at Spas.

'What about the "cures" at home and Continental Spas, with their eternal round of sulphur and iron waters and baths?

'Does any medical man in his heart of hearts believe that all the cures to which in these cases he cheerfully certifies, are effected solely by the

[1] *The Force of Mind*, 2nd edit. Churchill.

waters, or even by the waters and the diet, or even by the waters and the diet and the air; or does he not think there must be a "something else" as well? And to come nearer home and into the centre of all things, and the chamber of all his secrets:

Are they partly psychic?

'In his own consulting room and in his own practice, is not the physician brought face to face with cures, aye and diseases too, the cause of which he cannot account for; and is he not often surprised to find a continuation of the same treatment originated by the local practitioner is, when continued by his august self, efficacious? And is not the local practitioner not only surprised but disgusted as well to find that such is the case?

'Cures' by consultants.

'But I have asked hard questions enough. I will ask an easy one. What is, in fact, the effectual agency in all these cures?

'After allowing fully for the intrinsic value of the remedy, for the mystic formulæ, and for the full value of real B.P. drugs, I must answer—It is mainly and primarily the power of the unconscious mind over the body. It is this, and this pre-eminently; that is, the unconscious therapeutic power; and it is this, and also this pre-eminently,

The agency in all is the unconscious mind.

that is everywhere so ignored, however much other minor factors in the cure may be extolled.'

Value of the physician's mind

So far we have been engrossed with the needs of the patient, and with the deficiency of our training in reference to him; but is there not also a mind in the physician as well as in the patient; and may not one mind have some power over another mind, as well as mind over the body? In other words, may mind not be used in therapeutics objectively by the doctor as well as subjectively by the patient? It is now admitted as a scientific truism, says the 'British Medical Journal,' that the direct influence of mind on mind is powerful and subtle.

Curiously enough, this question is, as a rule, neither asked nor answered in our schools, text-books, hospitals, or consulting rooms; and yet it is as certain that mind touches mind and influences it, as that drug touches cell and alters it. No doubt, there lurks in the mind of every doctor who reads these pages a suspicion that he has a something about him which is of value to his patient over and beyond the outward and visible sign of his faith in drugs, as obscurely manifested in the crabbed hieroglyphics on his prescriptions. And

He may do more good than his prescriptions.

there is a consciousness, too, in every actual or potential patient who may scan these lines, that there is a something about his doctor that does him more good than his medicines, which, indeed, he often forgets. And the doctor he likes is the one he sends for, in spite of the fact that the other doctor in the town has a greater scientific reputation, and a longer string of letters after his name.

De Fleury on the doctor's value.

Maurice de Fleury says:[1] 'Unknown to themselves, perhaps, very simple practitioners—not taking able psychologists into consideration—have already effected moral cures in a great many cases. For my own humble part—and therefore it is that I write—I have cured some idlers, who certainly did not come to consult me because a plate on my door under my name announced:

'*Cures feeble minds and faltering wills.*'

But the personality of the physician does far more than cure feeble minds and faltering wills. It assists or retards the cure of every disease he encounters. The fact is, the most materialistic medicine-man going uses constantly with his patients *malgré soi*, and wholly unconsciously, therapeutics which consist in invoking the curative

[1] Dr. M. de Fleury, *Medicine and the Mind*, p. 221.

The doctor's dogmatism cures.

influence of the patient's mind. His very cocksureness—to use a favourite expression of a well-known specialist, 'I am not only sure, I am cock-sure'—his exactitude, his dogmatism, and his no-nonsense manner, all profoundly impress the patient, and produce a confidence and a belief in his powers that cures quite as much as any means that he may use.

Psychotherapeutics are unconsciously made use of by all with reputation in the medical profession. The doctor himself, his prescription (often in proportion to its illegibility), his fee (in proportion to its magnitude), his room and instruments are all valuable therapeutic agents.

De Fleury on the value of big words.

De Fleury says: 'In describing the action of a remedy, the doctor of to-day—the incorrigible of Molière's comedy—instinctively resorts to big words as a dwarf to high heels! No doubt these big words have also much value, though they may have little meaning.' Have we not all heard of the soothing power of 'that blessed word Mesopotamia'?

The medical face.

But the doctor's face is worth more than his words, and no doctor ever knows how keenly it is studied. It would be well worth while to write a book on the medical face, first, as seen in the

patient as a diagnostic sign of physical and mental disease; and secondly, as seen in the doctor as a power for good or evil.

Some last words of Dr. Sutton

Dr. Leahy writes: 'Without the full confidence of the patient, no physician should continue to attend his patient.' One of the last words of Henry Gawen Sutton, my teacher of pathology and medicine at the London Hospital, was, 'Don't underrate the influence of your own personality. Learn to give confidence to your patients.' A presence is of course felt in proportion to its power.

'O Iole, how did you know Hercules was a god? Because I was content, the moment my eyes fell on him—he conquered, whether he stood, or walked, or sat.'

The value of the old style of apprenticeship was great in forming the character of the doctor in style, manners, and management, all of which, of such importance therapeutically, are left untaught to-day. Not only the food we eat and the air we breathe act upon the nervous system, but so does every impression conveyed to it through our senses. We may think it of little consequence whether we say certain words to a patient or not. We think they will soon be forgotten, or the damage done by them repaired. But

All impressions are permanent.

no impression on anything in nature can be done away with, not even the impression of the faintest particle of light.

How to lessen quack cures.

The fact that manner and method tend to effect a cure in part, largely through their effect on the mind of the patient, in no way detracts from them as tangible therapeutic measures. On the contrary, it is all the more reason for their use. The more confidently they are employed, the less frequent will be the reports of cures by Christian Scientists, faith healers, osteopaths, and other fakirs and mystery-mongers.[1] Dr. Mitchell Bruce says:[2] 'Whilst women are fanciful, unreasonable, insusceptible of convincement as compared with men, they are perfectly amenable to the influence of an intelligent, competent practitioner.'

Lancet on psychic remedies.

I do not myself entirely endorse either of the above statements, though I am in accordance with their general tenor. The 'Lancet' (January 1883) says: 'A full recognition of the value rightly attaching to the mental treatment of physical ailments will improve the usefulness of the physician;

[1] See Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 420.

[2] Dr. Mitchell Bruce, *Practice of Therapeutics*, p. 179.

give him a higher place in the affections of his patients, and materially assist in promoting their return to health when suffering from very various diseases functional or organic.'

But this treatment requires more time as well as more skill than the mere scribbling off of a prescription. A physician who has neither the time nor the inclination to devote sufficient care and attention to the nerve patient should say so. While the physician who feels he is discharging his duty by telling the patient that his sufferings are an imaginary mental trifle, can scarcely be said to have the modern conception of neuroses, and is, therefore, not fitted to deal with them.

Dangerous unconsciousness of the doctor.

But of these varieties of mental therapeutics the physicians who use them are as a rule profoundly unconscious—they do not know where their power lies, or even that they have any. Sir James Paget tells us[1] that John Hunter was unconscious of his mental power. He wrote himself, 'There never was a man that wanted to be a great man that was a great man.'

Not only is the doctor unconscious of the good he does, but the patient also is unconscious of the

[1] Sir James Paget, *Scientific Essays*, p. 199.

good he may do. Dr. Weir Mitchell says to a patient:[1] 'You selfishly enjoy his visit, not suspecting that you, too, are ignorantly helpful. He has been in sadder homes to-day, has been sorely tried, has had to tell grim truths, is tired, mind and body. The visit he makes you is for him a pleasant oasis; for not all convalescents are agreeable, and he goes away refreshed.'

[1] Dr. Weir Mitchell, *Doctor and Patient*, p. 59.

CHAPTER III

THE VIS MEDICATRIX NATURÆ

I promised in this chapter to speak of a mental therapeutic that is purely natural and generally wholly unconscious both to the doctor and patient —the *vis medicatrix naturæ*. The *vis medicatrix naturæ*

This therapeutic agency has such a unique power that it is essential to all recoveries, whatever other therapeutics may be employed or omitted. It is absolutely indispensable to the patient's cure if the disease tend to death, for whatever therapeutics may be used the patient can never recover in the absence of this natural and unconscious force; and, further, every disease tends to death where this therapeutic power is wholly absent.

It acts also quite apart from the will or knowledge of the patient; in fact, the power is wholly outside consciousness, and is yet mental in character, being purposive, conservative, and having is wholly outside consciousness.

the power apparently of choice; and it is capable also of acting rightly in entirely novel emergencies. It is the manifestation of the action of the unconscious mind in the tissues and organs of the body. If some of my more conservative psychological readers still prefer, however, to call this force 'Nature,' it alters nothing of its power, nor of the necessity we physicians lie under of closely studying and observing it, if we rightly fulfil our duties to our patients.

Psychic action does influence organic processes.

Since hypnotism has demonstrated that 'the unconscious mind' mentally stimulated can produce redness, swelling, œdema, rise of temperature, and other physical effects, it is no longer a matter of doubt as to whether psychic action can directly influence organic processes; and every day in every hospital this action is being demonstrated wholly apart from hypnotism. The *vis medicatrix naturæ*, or best of all the unconscious mind, is active daily in all cures; and this can be said of no other therapeutic agent whatever.

Powers of the conscious mind are small.

In contrast with its wondrous force, it is well to note how small and limited are the powers of the conscious mind in relation to disease. The conscious mind cannot directly cause (without the agency of the unconscious mind) any disease what-

ever save malingering, which, after all, is not a true disease; nor can it by its own unaided powers cure any disease; for though it appears able to do so, it is only of use as it acts indirectly through the unconscious mind. Malingering, I may say in passing, is of some interest in this connection, as I believe it is the only 'disease' in which the unconscious mind plays no direct part whatever. The main agency, then, of all cures is the unconscious mind, which operates always naturally with *vis medicatrix naturæ*, but may also be further stimulated artificially by other mental therapeutics.

Interest of malingering.

In every disease its ordinary action by the *vis medicatrix naturæ* is at once evident, whether in pouring out lymph round a broken bone, in sealing up an abscess with an impenetrable wall, in digging out new vascular channels in a diseased limb, in extracting the gouty poison by the cells of the convoluted kidney tubes, or in quickly eliminating CO_2 by rapid expiration. The term *vis medicatrix naturæ* was really invented by Dr. Cullen, but the thought comes down from the earliest ages.

The '*vis*' is the action of the unconscious mind.

'Nature,' says St. Augustine, 'is the will of God.' Hippocrates, whose genius reigned without

Hippocrates speaks of the '*vis*.'

a rival for twenty-three centuries, says:[1] *νούσων φύσεις ἰητροί* ('our natures are the physicians of our diseases'). All his teaching and practice centres in the aphorism of the sixth book of Epidaurus, 'Nature the healer of our diseases.' It is the final exposition of a truth for all time.

Dr. S. W. Mitchell on Hippocrates.

Dr. S. Weir Mitchell, speaking of Hippocrates, observes:[2] 'His system led him to assist Nature, to support her when enfeebled, and to the coercion of her when she was outrageous.' [The meaning of this we shall see as we go on.]

ὑπηρέτης φύσεως ἰατρός, 'The physician is the minister of Nature,' is the language of Galen and Aristotle, also of Sydenham and Boerhaave. Galen[3] adds, 'The expression "physician" applies only to the "healer" and not to the "druggist."'

Asclepiades as opponent of Hippocrates.

The chief opponent of Hippocrates' veneration of Nature (in other words, of the recognition of the value of the unconscious mind) seems, curiously enough, to have been a semi-quack who lived in Rome in the first century, called Asclepiades, and who was the inventor of the well-known phrase, *Tuto, cito, et jucunde*. He held that Nature killed

[1] See *De Morbis Vulgaribus*, lib. vi. sect. v.
[2] Dr. S. Weir Mitchell, *Doctor and Patient*, p. 21.
[3] Galen, *Op.* (edit. Kühn) lib. xv. 309, xvi. 35.

the man, and it was the doctor's part to shove Nature out of the way, and thus deserve and claim all the credit! Ambroise Paré's 'Je le pansay et Dieu le guarit,' shows his appreciation of the *vis medicatrix*.

Sydenham saw Nature working hard for a cure underneath every disease. He followed Nature, and said it was this that made Hippocrates' fame. Sydenham's weakness was that, while fully alive to the philosophy of disease in connection with the *vis medicatrix naturæ*, he shut the other eye and was blind to its scientific study by physiological and pathological experiment.

Sydenham recognises the '*vis*.'

Is it not a little curious, in the revolution of the wheel of time, that the eye that Sydenham kept so open and active is the one that is now shut; and the 'other eye'—the scientific eye—which was then closed, is at its utmost keenness of vision? All we ask is that both eyes should be widely open, that our treatment of disease may be neither exclusively philosophic nor scientific, but *wise*—which combines both.

Open both eyes.

Thomas Sydenham does not appear, as is often the case, to have been as philosophic in his actions as in his theories; for I greatly fear that it is true that he was one of those doctors who deserted

Sydenham's personal character.

their duties. In the Great Plague of London he stood, indeed, the first shock of the pestilence, but was soon afterwards persuaded by his friends to accompany them into the country for safety.

Dr. M. Bruce on the '*vis*.'

Dr. Mitchell Bruce worthily continues the great line of the intelligent exponents of 'Nature' in disease. On his work, as on that of Sydenham, might well be written the motto of Bacon: '*Non fingendum aut excogitandum sed inveniendum quid Natura faciat aut ferat*' ('We have not to imagine or to think out, but to find out, what Nature does or produces').

Dr. Bruce says:[1] 'The body as a whole, and in each of its constituent parts, possesses and employs, with or without success, certain provisions for dealing with the causes of disease, so as to prevent, arrest, and counteract disease.'

Dr. Bruce treads in Sydenham's steps with all the added light and knowledge that medicine in the present day enjoys over that of 250 years ago!

Sir William Gull, in his day, was equally clear, and perhaps rather too enthusiastic, in his praise. He said that medicine was once given even for fractures; but disease is not cured by drugs. It

[1] Dr. Mitchell Bruce, *Practice of Therapeutics*, p. 49.

is the power of Nature that cures disease, and the duty of the medical man is not to give drugs, but to assist Nature.

Sir W. S. Church speaks of 'Nature' as a therapeutic agent, and asks: 'Did they not themselves conduce to credulity on the part of the laity in speaking of "curing" diseases? With few exceptions, they did not *cure* the disease any more than they *cured* a broken leg. They placed the patient in the best circumstances for "Nature" to restore the health of the ailing person or the bones of the broken leg.' This utterance of Sir William Church's comes very near to charging our august body generally with quackery, of which 'conducing to credulity' is one of the chief features.

Were it needed and had I time, in addition to these I might cite Carter, Wilkinson, Laycock, Clouston, Wendell Holmes, Weir Mitchell, Lauder Brunton, Potter, Sir A. Clark, and a host of others in support of the *vis medicatrix*. Dr. A. Charren, in 'Les Défenses Naturelles de l'Organisme,' gives the most details of its actions; whilst Dr. Mitchell Bruce, in his 'Practice of Therapeutics,' best gives its value to the physician. I think, however, those I have given, added to what has been observed by myself, are enough to

convince any who can be convinced of the value of the great, unconscious, and yet intelligent, therapeutic agent, the *vis medicatrix naturæ*. In all the writings of these men the modern reader will, for the hypothetical goddess 'Nature' which figures so beneficently with all these writers, do well to substitute the words 'unconscious mind,' as being at least intelligently descriptive of a process which is confessedly unconscious, and of a force that is not material.

The '*vis*' keeps the body in health by enabling it to resist pathogenetic influences, and tends to restore it to health by removing these, or by readjusting itself in consequence of them. Adaptation is an accurate reaction to varying demands directed by the unconscious mind. Bizzozero thinks that the capacity of organs for adaptation resides ultimately in the cell.[1]

Bizzozero on the powers in the cell.

Against this theory of adaptation, which I endorse as showing the unconscious and yet truly mental character of the action of 'Nature' or the *vis medicatrix naturæ*, it has been stated that Nature does not act by choice or design in the cure of disease, because her operations are constant and uniform, and she shows no power of choice.

[1] See *British Medical Journal*, 1894, vol. i. p. 732.

This opinion the 'British Medical Journal' apparently endorses in a leader on Sir F. Treves's address at Liverpool on Sir Thomas Browne's 'Religio Medici,' which says that 'it is true the processes of acute inflammation promote the saving of life, and may, indeed, be "the most benevolent of angels ever entertained unawares," though we must desire their visitations to be, "like angels' visits, few and far between." But there is no benevolence of this sort in malignant disease, valvular disease of the heart, embolism, diabetes, epilepsy, and all degenerative changes of the brain and cord. These are diseases that are destroying angels, set on putting us out of work or out of the world. Death and life are one plan; and cancer, with its insidious advance and infection of the neighbouring glands, is just as intentional as a circumscribed abscess.' (The word 'little' should evidently be read before 'intentional,' as the entire passage tends to discredit purposive action.)

The *British Medical Journal* against the beneficent action of the '*vis*.'

The whole argument, it seems to me, is irrelevant. It is as if I denied there was a principle of self-preservation in man because I saw that he met with accidents and injuries in his journey through life. It is also particularly inapt in a day when nearly every disease here enumerated is

Its argument is irrelevant.

believed to be the direct result of invasion by some pathogenic microbe, and in no way due to some malignant '*vis*' within. It may be that the microbe is as purposive in its destructive force as the *vis* is in its conservative power; but the one in no way negatives the other. I only quote the argument to show that it has no weight in disproving the beneficial action of the *vis*.

Phagocytosis proves purpose.

Phagocytosis carefully traced displays the elements of purpose and choice. Metchnikoff, Bizzozero, and others prove that the individual cell possesses and exercises a power of self-defence and self-preservation that can be used apparently at will, and can choose rightly when placed for the first time in novel circumstances; and it teaches, as Dr. Bruce observes further,[1] 'that the destruction of the cause of the disease is a fundamental indication of treatment,' being the method of cure always aimed at by 'Nature.'

Is affected by mental influences.

Mental influences affect phagocytosis. Depression alters the action of phagocytes. Diversion or distraction is thus a powerful therapeutic agent in such cases.

Napoleon pointed out that life is a fortress, and said: 'Why throw obstacles in the way of its

[1] Dr. Mitchell Bruce, *Practice of Therapeutics*, p. 38.

defence? Its own means are superior to all the apparatus of your laboratories.'

'Immunity,' amongst other phenomena, powerfully supports this, being a protective condition that no artificial means can secure.

Galen on the '*vis*.'

Galen points out that Nature cures disease, and adds, 'So do physic and the physician and his instruments; but Nature is the chief efficient cause of health.'

The 'Novum Organum' opens with 'Homo Naturæ minister' (Man the servant of Nature); which is, indeed, the physician's true place.

Rest, and be still.

Sir William Gull was so impressed with this that he goes so far as to say: 'What shall doctors do? Rest and be still. The workman that made the machine can repair it.'

Dr. Bruce says:[1] 'The belief in the *vis medicatrix naturæ* teaches the wise physician to throw himself into the struggle for health and existence on the side of natural resistance—controlling and turning to the most advantage every provision for resistance in the body that he can affect.'

Doctors should ever aid the '*vis*.'

The most, then, that a doctor can do is to assist the body in making use of this great power, which

[1] Dr. Mitchell Bruce, *Practice of Therapeutics*, p. 50.

is the natural preservative action of the organism by means of the unconscious mind. The '*vis*' is a fine example of the power of the mental factor in pathology, if not in medicine. So great, indeed, is its natural power that not the most skilled combination of drugs is (as I have said) of avail without its aid; while the most haphazard remedies and the purest empiricism can accomplish marvels if backed by this ever-present force.

Morbid processes arrested solely by the '*vis*.'

But for the action of the unconscious mind in guarding the organism by the skilled direction of the forces at its disposal, a morbid disturbance, once set up, would inevitably continue to the point of annihilation; for treatment directed to the living body is, as I have said, absolutely meaningless except as an appeal to such powers of resistance as a patient possesses. When these powers of the unconscious mind fail, as in the closing scenes of any fatal illness, it is idle to expect anything from treatment, as, of course, we all know that death in its last analysis is the final failure of the *vis medicatrix naturæ*—of the recuperative power of mind.

Details of its action.

Coming to a few details, and seeking, as far as possible, to avoid repeating those already given in a previous work,[1] I may note that purpose and

[1] *The Force of Mind.*

choice appear to be manifested throughout, and particularly in repairing such diseases of growth and nutrition as rickets, rheumatic fever, &c.

Phagocyte armies have a directing head.

The marshalling and direction of the phagocyte armies against the microbe invaders, when fully understood, as it will soon be, afford one of the most remarkable displays of intelligence and choice that can be seen anywhere; and the selective and purposive movements displayed are no more inherent properties of matter than love and hate.

'Safety-valve' actions in the body.

The *vis medicatrix naturæ* has been traced in its action in some detail by Dr. M. Bruce. He gives as instances various 'safety-valve' actions in the body, *e.g.* the relief of cardiac dilatation and distension by relaxation of the arterial walls by depression of the circulation. If this fails we may get angina pectoris, which in its turn is relieved by nitrite of amyl, distending the capillaries artificially, in imitation of this action of 'nature.'

In contracted kidney.

Again: 'Anorexia in gastric catarrh and hepatic disturbance gives the organs physiological rest.' Dr. Bruce points out that in contracted kidney the increased arterial pressure favours diuresis, and empties the veins; so that the body here modifies the influence it cannot overcome, and

tries to remove the effects, if it cannot touch the cause.

Sir F. Treves on the '*vis*.'

I will quote a few instances of the therapeutic action of the unconscious mind in the body, as given by Sir F. Treves in his Liverpool address, to which I have already alluded. He says: [1]

In the case of wounds.

'As another example may be cited the case of a man who accidentally wounds his finger. The instrument which inflicted the wound is soiled with septic matter, and introduces the same into the tissues. An intense and painful inflammation follows, and suppuration is in due course established. The disease (so called) is distressing enough, but the manifestations are no mere outcome of a malign purpose. They are well-intending, and have for their object the protection of the body from further parasitic invasion on the one hand, and the elimination of such septic matter as is already introduced on the other. But for inflammation and suppuration every neglected septic prick would be fatal. The ancient surgeon who endeavoured to exorcise inflammation, as if it were the vilest of evil spirits, was directing his wrath against the most benevolent of angels who was ever entertained unawares.

[1] Sir F. Treves, in *British Medical Journal*, October 18, 1902.

'This matter may be followed out a little more in detail in connection with the symptoms of the disease familiar by the uncouth name of appendicitis. In this malady a trouble occurs in the appendix. The wall of the little tube becomes perforated, and an acrid poison finds its way into the sensitive cavity of the abdomen. This, at least, is the essential calamity in many instances. The perforation is sudden, is accidental, and may be preceded by no warning sign of any kind. Here again the disease proper may be without a single symptom. The manifestations which follow the perforation are termed the symptoms of peritonitis. They are distressing and urgent, but they are all benevolent in intent, and are the outcome of Nature's vigorous effort to minimise the calamity and save the patient's life. The intense pain and collapse impose upon the victim absolute rest, and, more than that, enforce rest in the most advantageous posture, that, namely, of recumbency. He is rendered helpless at a moment when any movement may be attended by disaster. The sickness and the utter nausea which attends it secure some emptying of the alimentary canal, and forbid the introduction of any fresh material into an intestine which is best placed for recovery when it is least

Action in appendicitis.

Value of peritonitis.

occupied. The skin of the abdomen becomes acutely sensitive, and so protects the damaged parts from disturbance and pressure, and this most necessary end is further secured by another symptom—the remarkable rigidity of the abdominal wall. Even should the affected area be accidentally pressed upon, the firmly contracted muscles which cover it will shield it like a protecting cuirass.

Rest essential for repair.

'Thus is brought about that state of absolute rest which is essential as the very first step towards the repair of the injury, and let it be noted that this life-saving end is secured by what are termed the deplorable symptoms of disease. At the same time the condition of the circulation is so modified as to render absorption of septic matter from the affected district as little ready as possible.

Peritonitis as a friend,

'Within the abdomen the manifestations of peritonitis are appearing. Peritonitis has commonly been spoken of as one of the most deadly and most malignant of calamities. Never was a condition more unjustly abused. The phenomena of peritonitis should be hailed with thankfulness. Peritonitis is concerned only in effecting good. It is in every instance a beneficent process. It is

Nature's method of bringing about a cure, and is successful in millions of instances. But for peritonitis every intra-abdominal wound and a multitude of intra-abdominal lesions would be inevitably fatal. So far as the abdomen is concerned peritonitis is the great life-saving process, and should its possibility be denied to mankind, the human race would be threatened with extinction. There is, indeed, no terror in peritonitis, although a world of alarm may well attend the calamity that calls it forth.

and a life-saving process.

'Its mode of action is admirable in its simplicity. It induces an immediate paralysis of the ever-moving intestine. With the cessation of these now most dangerous movements the essential state of rest is secured. More than that, it pours out a plastic lymph which glues adjacent coils of bowel together, and, in an incredibly short time, isolates and encloses the damaged area. It forms a barrier around the seat of the mischief, and upon that barrier the life of the patient depends. An abscess forms, but, thanks to an active peritonitis, the matter contained therein is shut off, is rendered for the time innocuous, and is placed in a favourable condition to be discharged from the body.

Isolates damaged area.

'It has been the custom of many surgeons in

the past to speak of peritonitis as if it were the very hand of fate, an impending horror which spreads only disaster and death. In actual truth peritonitis is the operating surgeon's best friend. He who condemns it is like the man whose house is in flames, and who execrates the torrent of water which is poured upon the burning fabric.

Other illustrations.

'Many of the symptoms of disease, instead of being pounded out of the body by violence as wholly pernicious, should rather be regarded as means for guiding the physician in the treatment he should adopt. Treatment has to be for the most part imitative of natural processes, and the imitation is founded upon the much-abused symptoms of the malady concerned.

'The man who swallows a poison is sick, and the treatment which suffices best in such a case is the fullest development of that symptom—namely, the washing out of the stomach.

Good treatment imitates natural symptoms.

'The abscess tries to find a way of escape, and the surgeon's knife but carries out the suggestion forced upon him by the evident intention of the pus. The cough which is so marked a feature in bronchitis tends to rid the bronchi of material which must needs be got rid of; and the physician, acting upon the hint, promotes such elimination.

In older days effort was made to stay the cough, because it was a symptom of disease, and therefore must needs cease.

'The difference between the old creed and the new in this particular of treatment is well illustrated by the treatment of aneurysm. As soon as an aneurysm has reached certain proportions, a clot is found to be forming in it layer by layer. The surgeon who first approached the operative treatment of this condition advised the cutting out of the clot. He regarded the clot as a malignant product, because he considered all the phenomena of disease to be malign. Indeed, he went so far as to consider the laminated clot to be the cause of the whole trouble, and therefore he advised that it should be excised at all costs. A later pathology taught that the clot formation represented Nature's method of cure, and that in it lay the saving of the patient's life. The modern surgeon, therefore, not only does not disturb this product, but he adopts every measure to ensure its formation.

Aneurysm.

Cure by clot.

'The most successful treatment of aneurism, indeed, professes nothing more than an encouragement of a natural process, and is based upon the imitation of a prominent symptom of disease.'

Ordinary inflammation.

Ordinary inflammation is combated naturally by phagocytosis actively, and passively by exudation, conferring immunity, followed by repair and removal of the diseased products. A wise physician imitates these processes in his practice.

The '*vis*' produces a natural readjustment of disorganised parts by rearranging of vessels or forming supplementary vessels; or by hypertrophy of one lung in disease of the other, by compensating curves of the spine, &c.

The natural formation of antitoxins—and antitoxins, moreover, against toxins that have never previously invaded the organism—is a marvellous instance of the action of unconscious mind.

Dr. Barker on the '*vis*.'

Dr. Barker has observed that medical art has less power and 'Nature' more in acute disease than in chronic, and we believe this to be generally, though certainly not universally, true.

Vis' can be aided by the doctor.

So far I have merely considered the '*vis*' as the natural action of the unconscious mind for the good of the body; but we must not forget that the '*vis*' can be utilised by physicians; for they can promote its accuracy and extend its range by exercise and training,[1] by checking it when in

[1] Sir John Forbes, M.D., wrote 'On Nature and Art in the Cure of Disease,' to enforce this as the true office of the doctor.

excess, by relieving it from unreasonable or excessive strain, or unyielding obstacles, and by stimulating it through the unconscious mind when needed directly or indirectly. The mind can be so concentrated upon a physiological process as to stimulate that process to unusual activity, and thus produce curative effects; and even to superabundant activity, so as to produce pathological effects or disease.

Though ever active for good.

Though, therefore, the '*vis*' is ever active for good in a healthy person, the process can be stimulated and quickened or hindered and retarded. A consensus of all medical belief and practice is that a cheerful and hopeful frame of mind, and a strong and affirming will, assist the recuperative process, while despondency, doubt, and a feeble or perverse will just as surely hinder Nature's benign efforts at cure.

The '*vis*' in hysteria.

I must not leave this subject of the '*vis*' without alluding to the condition of hysteria where the unconscious mind is obviously affected and produces or simulates pathological processes in a marvellous way. I have spoken fully of this in another place,[1] and therefore do no more than

[1] *Nerves in Disorder*, chaps. i. & ii. Hodder & Stoughton.

The action and powers of the '*vis*' should be taught.

allude to it here, as it is not now the subject before us.

I cannot do better in conclusion than to press again what I have so earnestly urged in the Preface, and that is, that every practitioner should make himself more familiar with all of Nature's natural processes of cure, that this subject should be prominently and clearly taught in the lectures on Medicine and on Therapeutics in our schools, and all the means clearly pointed out through which this '*vis*' may be artificially stimulated by the physician, and its processes still more beneficially directed for the patient's welfare.

CHAPTER IV

THE PERSONALITY OF THE PHYSICIAN

A walking pharmacopœia.

In this chapter I reach my sub-title, and I venture to think that after it is perused those who read it will feel some surprise, perhaps mixed with no little incredulity, when they find what comprehensive pharmacopœias they are in themselves. The question, indeed, almost suggests itself: Why carry even a portable medicine-chest, if it be true that the physician, with his engaging smile and bedside manner, is such an unconscious medicine in himself?

I only trust that what I write will not make any reader too painfully self-conscious of his defects, as he tries in vain before a mirror to produce on his face that indescribable look which is to inspire faith and hope in his patients on his morning round, or practises on his wife that ferocious brusqueness which he reads, in some cases, is of such inestimable therapeutic value. On the other hand, there is the danger that

Should avoid conceit.

those who are the conscious and proud possessors of these valuable personal qualities may be filled with overweening conceit as they find how greatly their patients benefit by them. This chapter is full of pitfalls for the unwary or enthusiastic reader; for it is undoubtedly a temptation, when a doctor is assured on such eminent authority that the amount of his fee has an appreciable connection with his therapeutic success, to increase his half-yearly accounts, and his charges generally, solely in the patient's interest. The plain, matter-of-fact man, on the other hand, who stands no nonsense, and to whom a blue pill and a black draught, or some modern equivalent, is a cure-all, will find his temper sorely tried by the, to him, ridiculous details entered on here—if, indeed, such a one takes up the book at all. And yet, one reflects with pain, it is always the men who need wise counsels most, who are the most chary in reading books that contain them.

Psychic value of fees.

Vein of truth in this chapter.

The reader, being thus forewarned, is, I trust, also forearmed; and if—behind and underneath all he may find to object to in the chapter—he discerns a vein of truth which hitherto he has but little noticed, he will perhaps pardon what he deems the superfluous or the frivolous.

Antiquity of medicine.

Let us, first of all, glance for one moment at the antiquity of the physician's art. Medical science in Egypt ranked so high that specialists abounded even there, and the physician did not practise surgery nor the surgeon medicine. There were oculists and dentists, alienists and specialists who diagnosed obscure complaints, and there are papyri extant which treat of these diseases. For a long time the physician held the field, to the exclusion of the surgeon, and it was not until the great European wars brought the latter to the front that he became of any repute.

Physicians superior to surgeons.

In England, however, the process was slower. The physician, although two hundred years ago he was constantly held up to ridicule as a quack, certainly, on the whole, held a superior position to the surgeon-barber of the time. A medical author of the date of Elizabeth writes: 'How many chirurgeons shall a man find . . . that have learning? For the most part they are ignorant and void of all learning, and know almost no part of anatomy, which is most necessary for a chyrurgeon?'

But the statute 18 Geo. II. cap. xv. provided that the art and science of surgery should no longer be practised by the Company of Barbers; and thenceforth surgeons were raised to comparative

professional equality with the physician. The second section, however, is far from flattering. It sets forth that 'although the most part of the persons of the craft of chirurgeons had small cunning, yet they would take great sums of money and do little therefor, by reason whereof they oftentimes impaired and hurt their patients, instead of doing them good.'

Avarice of surgeons.

Superiority of surgeons to physicians.

In the middle of the eighteenth century the practice of the physician was at a low ebb; and at this time they compare unfavourably with surgeons, and even with quacks. In a curious book called 'Doctors and Doctors,' by Graham Everett, we read: 'What an *exposé* of the state of medical science in England in 1737! Well might Lord Hervey say: "How natural it is to deplore the situation of those whose safety depends on the sagacity of these professors [of medicine], and how reasonable to despise those who put their trust in such aids!" Not that I am so unjust as to put the science of surgery upon the same footing with physic.' Only imagine hernia treated by 'four of the best physicians in the land with blisters and the lancet, with Daffy's Elixir, mint-water, usquebaugh, snake-root, and Sir Walter Raleigh's cordial. The College of Physicians might hold up

a warning finger against Joshua Ward's (a noted quack) drop and pill; and yet it seems to us that Joshua Ward, ex-footman and quack, might hold his own with the best of them.'

Humble origin of medical men.

And it is from this hoary background, and with such a mediæval dubious reputation, that the medical man of to-day is evolved. Surely, when we consider this humble origin, and view the skilled scientist of the twentieth century, we are driven to contemplate with awe what he may yet become when the balance is held more truly, and all that bears upon his calling is given its due weight, and taught without fear or prejudice.

The ideal physician.

Let us listen for a moment to one or two descriptions of the ideal physician. In the first series of the 'Horæ Subsecivæ,' by Dr. John Brown, written many years ago, we read:[1] 'The physician's is a tentative art, to succeed in which demands a quickness of eye, thought, tact, and invention, which are not to be learned by study, nor, unless by connatural aptitude, to be acquired by experience.' It is the possession of this sense, exercised by a patient observation and fortified by a just reliance on the *vis medicatrix naturæ*, the

[1] See pp. 4, 46 of the work.

self-adjusting tendency of nature, that constitutes the true physician or healer.

Sir F. Treves on the medical man.

Sir F. Treves speaks of 'the equipment of the medical man' at length; and out of it I extract the following:—

Trustworthiness of the doctor.

'The second need in the equipment of the medical man is absolute fidelity. All those who profess to attend upon the sick undertake a solemn trust which needs to be observed with punctilious care. The sick man must place implicit faith in his doctor or no faith at all. The fulness and simplicity of this confidence are the measure of the scrupulous honesty with which it must be received. In accepting this trust every physician takes upon himself a grave responsibility, and he who is the most exact in the right observance of this confidence has the greatest claim to be worthy of his calling. The burden of such a trust is little appreciated beyond the confines of the medical profession, and every physician of any experience has had to learn with some bitterness how much self-denial and self-effacement this trust implies, how little the responsibility of it is appreciated, and how much injustice to the doctor its honest acceptance may involve.

'The public are apt to talk glibly of "medical

etiquette," and to assume that it is founded upon some special code of ethics, and based upon a system of morals especially constructed for the advantage of the medical profession. Such criticism is unjust, as criticism usually is which is based upon imperfect knowledge. It is needless to say that there is no precept in "medical etiquette" which is other than the outcome of the simplest justice, the simplest right-doing, and, above all, the truest care for the interests of the patient.

His kindness and sympathy.

'The third article in such part of the "Religio Medici" as bears upon the qualifications of the physician is this. He must be kind. He must needs be a man of wide sympathies, and possessed of that rare qualification which enables him to put himself in the patient's place. There need be little art in this. Genuine sympathy cannot be assumed, or, if assumed, its artificiality is too apparent to deceive even a child.

'In the mere treatment of the sick a simple kindliness of heart is an essential factor, and it can never be replaced by any assumption of manner, however elaborate, or however precisely mimicked.'

Dr. Stirling[1] says: 'Such being the high ideal

[1] Dr. Stirling, *British Medical Journal*, October 18, 1902.

The physician a gentleman.

set before medical students, it is incumbent on all to see that any one desiring to enter its ranks should, in addition to acquiring the necessary technical instruction to pursue his profession, possess those qualities that are summed up in the word "gentleman." Mere knowledge or purely professional attainments are not sufficient; other qualities of the heart are necessary—he must be not only a gentleman in manners, but also a man of tender feeling, and sympathetic withal. John Gregory, Professor of Medicine in Edinburgh, in his "Observations on the Duties and Offices of a Physician," first published in 1770, but republished in a more correct form by the author in 1772, drew the fine word-picture of a physician: "The true dignity of physic is to be maintained by the superior learning and abilities of those who profess it, by the liberal sentiments of gentlemen, and by that openness and candour which disdain all artifice, which invite a free inquiry, and which by this means boldly bid defiance to all that illiberal ridicule and abuse which medicine has been so much exposed to."'

Dr. Green on the true doctor.

Dr. Green tells us, with great truth and discrimination:[1] 'To act in the spirit of science,

[1] J. H. Green, F.R.S., *Mental Dynamics*, pp. 41, 42.

where I can; by the mere light of experience without scientific insight, when I must; but with the uniform avoidance and contempt of quackery in all cases, this is, or ought to be, the moral code for every practitioner. In short, to form that sentiment of honour and gentlemanly feeling in which the moral life of the individual breathes as in the natural atmosphere, with an unconsciousness which gives the charm of unaffected manners and conduct.'

Dr. Mitchell Bruce on 'precious faculties.'

Dr. Bruce observes:[1] 'Those precious faculties known as acumen, insight, and personal influence, which have so highly distinguished some of the greatest masters of medicine and surgery, and made their patients' minds like glass to them—these are faculties in part innate, in part acquired; which are the more carefully to be cultivated the less liberally they have been bestowed on the practitioner by Nature.'

Angels and devils in medicine.

The writer of 'The Young Practitioner' (de Styrap) allows no medium in a doctor between the angel and devil. He says: 'For our career must be one of two—either the skilled and disciplined mind seeking like a god the welfare of mankind and the relief of suffering humanity, or the ignorant

[1] Dr. M. Bruce, *Practice of Therapeutics*, p. 182.

and hypocritical pretender concealing behind the ambush of fair words and smiling face a heart of guile and a soul of bitterness!'

I feel sure that while few of my readers would aspire to answer in full to the first character, they one and all would indignantly repudiate the second. Indeed, did I not know otherwise, I should have thought, so crude is the picture, that 'The Young Practitioner' had written the book himself.

Obvious platitudes.

'The Young Practitioner' is on safer ground when he indulges in platitudes, as follows: 'The personal appearance, the walk, the movements, the language, the gestures and natural mode of intercourse of some practitioners are winning and attractive; of others, rude, harsh, and repelling to the sick.' There can obviously be no doubt here as to which class my readers belong to, for surely no doctor believes himself to be rude, harsh, or repellent; such could probably term themselves candid, straightforward, and independent.

A little further on our young practitioner makes a rather sapient remark, though couched, as is his wont, in a painfully platitudinous style. 'If you chance to inherit any genuine idiosyncrasy, it will doubtless be noticed, and, if not an unpleasing one,

Be yourself even if peculiar.

will probably aid you much. Never, however, assume one, for the counterfeit is easily detected by all sensible people (fortunately these are sometimes rare amongst our patients); act your own natural character at all times and in all places. In addition to making himself ridiculous, a doctor who assumes a fictitious or borrowed manner must either be wrong-hearted or weak-headed.' This advice is good, and should be laid to heart.

Never assume manners

I will now turn to another point connected with a doctor's success; and would urge—to come much lower down than style or manner—that whether he be wrong in the heart or weak in the head, or both, he must be well dressed. 'The Young Practitioner' is quite alive to this, and ventures[1] on the safe observation that people in general are not only more disposed to seek advice from a well-dressed doctor, and repose greater confidence in him, than in a shabbily attired one; and he earnestly impresses on us, as he says, in homely 'language,' 'that clean hands, a well-shaved face or neatly trimmed beard, polished boots, spotless cuffs, well-fitting gloves, fashionable clothing, and an unimpeachable hat, not only severally indicate gentility (hateful word) and

Be well dressed.

[1] De Styrap, *The Young Practitioner.*

self-respect, but impart a pleasurable self-consciousness of being well dressed and presentable.'

Dress in the old days.

Certainly in olden times great regard was had for the physician's attire. He wore a coat cut as a barrister's is now, knee-breeches and Hessian boots, white necktie and white frilled shirt, ruffles at the wrists, and a cane with a camphor-box at the top. He was distinctly a gentleman whom everyone recognised as a doctor. There is no doubt the very special close personal contact into which a doctor is often brought with a patient requires a careful nicety in clean linen and dress which, while incumbent upon every gentleman, is absolutely essential in his case. Neglect of this may produce positive aversion and a prejudice that no amount of skill can neutralise.

This is true, but with regard to appearance generally, no reader must imagine that I lay as great stress on dress as on the personality which it clothes. It is after all a secondary consideration; but though secondary, not therefore to be either neglected or put in the first place.

Personality is more than dress.

There are, and have been, many great men whose personality so overshadowed all else, that it was little matter how they were dressed; or, rather, whatever they did, or however they were dressed, the action or the style actually derived a value

because it was connected with them. Such a one, for instance, was Thomas Carlyle, in spite of 'Sartor Resartus.'

Then, again, there are surroundings where the frock-coat of medicine would be an outrage, and where the truest instinct leads the doctor to dress in better harmony with his environment. What, indeed, could be a better illustration of this than Ian Maclaren's highland doctor? I will give his portrait.

The medical frock-coat.

Maclaren's highland doctor.

'The sight of him put courage into sinking hearts. But this was not by the grace of his appearance, or the advantage of a good "bedside" manner. A tall, gaunt, loosely made man, without an ounce of superfluous flesh on his body, his face burned a dark brick colour by constant exposure to the weather, red hair, and beard turning grey, honest blue eyes that looked you ever in the face, huge hands with wrist-bones like the shank of a ham, and a voice that hurled its salutations across two fields—he suggested the moor rather than the drawing-room. . . . "Blacks" he wore once a year on Sacrament Sunday, and if possible at a funeral; top-coat or waterproof *never*. His jacket and waistcoat were rough homespun of Glen Urtach wool, which threw off the wet like a duck's back; and

below he was clad in shepherd's tartan trousers which disappeared into unpolished riding-boots. His shirt was grey flannel, and he was uncertain about a collar, but certain as to a tie *which he never had*, his beard doing instead; and his hat was soft felt of four colours and seven different shapes. His point of distinction in dress was the trousers, and they were the subject of unending speculation. There was not much of the check left, but all agreed that when they "see thae breeks comin' in" they knew that if human power could save the life it would be done.'[1]

The general appearance, apart from mere dress, is of moment. Hippocrates remarks that 'a physician should have a healthy look, so as to show he is fit to have charge of the health of others. He should also be prudent and moral.'

Doctors should have a 'healthy look.'

In 'Hints to Doctors,' by R. Gersany, we notice: 'That should the doctor have been walking fast, or running upstairs, from the moment of entering the sick room to that of leaving it he must always appear calm and unflurried, with his whole attention concentrated on the patient.' I have felt the wisdom of this, for I have a vivid recollection of a *locum* left in charge disgusting one of my best

Always calm and unflurried.

[1] Ian Maclaren, *A Doctor of the Old School*, pp. 33, 37.

patients by rushing into the sick room, sitting down on the bed, and heartlessly recounting while panting for breath—to the great disgust of my patient—his grievance against a coal agent he had quarrelled with that morning; so that one knows the counsel *is* needed at times.

Turning to another point, there can be no doubt of the value of a hobby to a doctor, also the perusal of varied literature and the cultivation of a wide interest in men and things. We are thus better equipped, and come with brightness and freshness when we approach the bedside of the sick and suffering. But we must heed Gersany, who tells us: 'The wise physician, who is fond of etching or botany, the brush or the chisel or the pen, or who is given to science, does well to keep these things a little in the background until he is securely seated in the saddle of professional success.' This, too, is wise counsel, as I have found personally in my love and pursuit of hygiene. At one time I pushed it so far as considerably to injure my practice; so many finding it difficult to believe that a man could practise medicine who gave so much attention to siphon 'traps' and disconnected 'overflows.' My experience, indeed, goes farther than our mentor's; for I care not how firm the seat may be in the saddle, it

Keep hobbies in the background.

Personal experiences.

is well that all should know that the profession of medicine is to you the first and foremost.

The doctor's manners.

I have some general comments to make upon all this good advice we have had, but will postpone it yet a moment, while we look first a little more at the doctor's manners, and then at some of those personal qualities of the physician that lie beneath both the dress and manner.

'Some manners [1] are desirable, and though not truly essential, yet help or hurt the doctor much. Whether he is gentle and well-mannered, is socially agreeable, or, as to this, negative, influences much the choice of the woman on whom, as a rule, comes finally the decision of who her family physician shall be. Too often she is caught by the outside show of manners, and sets aside an abler and plainer man, who has more really the true manner of the heart, yet lacks the power to make himself pleasant. It is desirable, of course, to be what so many of the best physicians have been, refined and tactful gentlemen, and also charming companions. But a man may be a most competent, clear-headed, honest, scrupulously careful doctor, and yet fail because he is too plain, ill-dressed and uninteresting; and all this is as well to understand.'

The woman chooses the doctor.

[1] Dr. S. Weir Mitchell, *Doctors and Patients*, p. 53.

Yes; and I would add as well, also to be spoken of and corrected in the schools in a way that is never done at present; for much may be taught as to manner, though true refinement is ever innate, and springs from the spirit within.

A subject for the schools.

There are, of course, successful 'bears' in our profession—and perhaps it is better to be a bear than a dancing-master; but it is not necessary to be either. It is also well to remember that the bears are not successful because of their rudeness, but in spite of it, and in virtue of their genius. Indeed, geniuses have often a weakness for resembling bears and other animals, which seems an unworthy ambition.

Successful 'bears.'

Dr. Green beautifully says:[1] 'As the forms in all organic existence, so must all true and living knowledge (and of manners) proceed from within; that it may be trained, supported, fed, excited, is true, but it can never be infused or impressed.'

Dr. Cathell says:[2] 'Your personality and deportment in the presence of patients will have much to do with your success. A cold or cheerless manner toward people; an austere, studied, or sanctimonious isolation of oneself from them

Dr. Cathell on manners.

[1] Dr. J. H. Green, F.R.S., *Mental Dynamics*, p. 14.
[2] Dr. D. W. Cathell, *The Physician himself*, p. 41.

socially; a failure to recognise would-be friends in the streets and elsewhere, as if from a proud independence, or as if they were inferior mortals and beneath you, often gives unmeant offence, destroys all warmth toward a physician, and usually causes their possessor to fail to inspire either friendly likings or faith; and a physician who cannot in some way make friends or awaken faith in himself cannot fail to fail. The reputation even of being a "very nice man" makes friends of everybody, and is even more potent with many than skill. Tact, delicacy of perception, the power of winning the patient's confidence, of allaying his fears, and comforting him in pain, and, at the same time, keeping clear of his prejudices, are essentialities of vital importance, and should be assiduously cultivated; for both personal appearance and manners are much in medicine, and a power in practice, and worthy of a serious consideration they seldom get.'

A 'very nice man.'

Your face should not betray you.

Dr. Cathell also advises us further:[1] 'School yourself till you can prevent your thoughts, embarrassments, and opinions from showing in your countenance during anxiety and emergencies; and, above all, discipline your features and

[1] Dr. Cathell, *The Physician himself*, p. 149.

manners, so that the nervous and patients who are very ill cannot detect in you unfavourable reflections about themselves which you wish to conceal.

'Self-reliance and self-possession are very important elements of success. Nothing will cause people to rely on you more readily and steadfastly than to see that you rely on yourself. Be not arrogant or self-conceited, but always endeavour to conceal your doubts, hesitancies, and apprehensions.' Self-reliance leads to success.

The manner must vary with the class of disease; what suits one does not in the least suit another. In many organic diseases a sympathetic manner is most helpful; in many functional diseases it is prejudicial; while in some nerve diseases the manner should be absolutely mechanical.

The question of the truthfulness of physicians is one that is often raised. The fact is, that when one is absolutely candid it is common for patients to put on so large a percentage to the doctor's words that they grossly exaggerate what he really does say. This troubles consultants far more than it does the family doctor, who often leaves to the former the invidious task of telling the necessary, but unpalatable, truth; and not a few doctors have stood face to face with the The truthfulness of physicians.

alternative of concealing the truth or losing the patient.

Its real difficulty.

Many do not understand the real difficulties that beset the upright physician in this matter, for nearly every patient has his or her standard of truth by which to try the veracity of the perplexed doctor.

Patient's interests come first.

There is no doubt that the paramount duty of the physician is to do all he can to help and never to injure his patient; and, while telling no lies, he is perfectly consistent in only telling as much of the truth as it is good for his patient to know; and of this, rightly or wrongly, he must be the judge.

The next point one would make in connection with the physician (in spite of much that has been written, and against the practice of some noted neuropaths) is that one of the first conditions of success in practice is sympathy, and one of the chief causes of failure is the want of it. Of course, many have it to excess, as a young physician had, who burst into tears at the sight of a burnt child, and was practically useless to help her. Some, indeed, have had to abandon the profession from a too great sympathy with their suffering patients. 'We have,' says Dr. S. Weir Mitchell,[1] 'a

True sympathy essential.

[1] Dr. S. Weir Mitchell, *Doctors and Patients*, p. 46.

certain gentle disrespect among us for the doctor who is described as "Oh, so sympathetic!"—the man who goes about his work with a pocketful of banal phrases calculated to soothe the cravings of the wretched. The sick and feeble take gladly these imitation crumbs cast from the full table of the strong. But sometimes people of firm character revolt at such petty and economical charity.'

'Imitation crumbs' for the sick,

I do not therefore say that sympathy need be always, or even frequently shown; but, believing as I do in the response of one unconscious mind to another when in harmony, I have no doubt (as I have pointed out in 'The Force of Mind') that wherever real sympathy exists it is always felt by the physician for the sufferer, though it be not shown, the proof being that it gives the patient a confidence in the doctor's skill and a restful feeling of being understood, which is no mean factor in a cure.

To feel this sympathy one must have the faculty of putting oneself in the patient's place, and one must believe, especially in cases of functional nerve disease, in the reality of the sufferings of the patient, and dismiss absolutely the blight of suspected malingering. One must grasp the truth of the brilliant dictum of Sir James Paget, who

Put yourself in his place.

declared that while the patient says she 'cannot,' and the nurse that she 'will not,' the truth is that she 'cannot will.' [1]

Firm and not too firm.

Closely connected, again, with this is the question of firmness. Curious as it may seem, it is easy to be too firm, still easier not to be firm enough. The path of success here undoubtedly lies in the golden mean between the two. Be inflexible as cast-iron in things essential; flexible as steel in all matters non-essential; and never, as is so common, inflexible from mere doggedness, but always intelligently. This gives confidence, brings success, and avoids friction with patients and friends.

[1] As I correct these proofs I come across a terrible case of a lighted life of needless suffering, simply from utter want of understanding on the part of an otherwise clever and successful doctor. He kept pooh-poohing her symptoms and urging her to do what she had no strength to perform, though she had every desire; and thoroughly made her feel she had only herself to blame for her illness. So accustomed are doctors, trained only in the schools, to ignore functional nerve symptoms that, from mere habit, they often pooh-pooh signs of organic disease in mistake, if these be mixed up with them. It was so in this distressing case; indeed the patient despaired of all cure, owing to the feeling of beating against a closed door when telling her troubles to a doctor. For four years she remained in a hopeless state, suffering all the time from severe cervical erosion (of long standing), and nearly three stone below her weight. I would earnestly press on every doctor who reads these pages to make his patients feel he understands their sufferings; and also to be most careful not to neglect any organic trouble, because overlaid with functional symptoms.

A strong face always inspires confidence. The ancients well understood the value of the doctor's face in disease, and with them agree also the wiser of the moderns.

Value of the doctor's face.

Listen to Dr. Oliver Wendell Holmes, when he appraises its commercial value: 'A smile may be worth 5,000 dollars a year to a man.' I presume he means a smile a visit, or at least one a day; one put on and taken off at will, though the latter is often forgotten. Or, perhaps, he may picture a smile commenced with the professional career and continuing, in storm and calm, unruffled throughout its course—a smile that illumines the consulting-room when you are waiting a whole morning for patients that do not come—the sort of smile you go to bed in!

Dr. O. W. Holmes on value of the doctor's smile.

Put on or taken off at will.

But, joking apart, which is cheap and easy, the value of the smile is very great, particularly if by any means, in one who has to use it so much as a doctor, it does not get worn thin, but remains natural and spontaneous. If what is natural can be called 'an art,' this is a great one. Only, however charming it may be, we should much prefer to appraise its value by its therapeutic power to our patients than by the possible dollars or shekels that may accrue to us from it.

Smile must be natural.

I wonder if physicians, as a rule, have really any conception of the power of the face over the patient; how closely it is watched, and how much more is deduced from the aspect and manner than from the words. In fact, at the close of a consultation you may use pretty well what form of words you like; their meaning to the friends is interpreted by the way you say them.

Evil of a depressing manner.

The man of cheerful countenance restores the patient by his helpful, buoyant spirit, while others who are constitutionally grave and desponding depress and distress him. These often unwittingly hinder the cure they are anxious to promote. Indeed, so great is the mental factor in therapeutics that it is not too much to say that inferior medical skill, with a good and assuring manner, is more likely to effect a cure than a superior skill with a different and depressing personality.

Sympathy is, indeed, a powerful drug in the hands of a skilful administrator; for, after all, patients think much more of the doctor than of his prescriptions, while he—poor man—generally thinks his hieroglyphics all, and himself nothing.

Hypochondria caused by doctor's manner.

A short time ago I was calling at a patient's house, and while waiting to see her entered into conversation with her eldest son. He had on his

part many questions to ask me bearing on his own state of health, and the eager, nervous way in which they were put, as well as their nature, showed me I had to do with a case of hypochondria in a fine young sportsman of twenty-five. I spoke to his mother a few days afterwards as to what I feared was the young man's condition, and she told me that it all dated from several visits he had paid to a physician for some local ailment. This doctor—a clever, good man, well known to me—is himself an invalid, and has at times to use medicines or lotions in consulting hours for his own relief. He has also a very depressing, nervous manner, and an anxious, desponding look, and told the young man, as he shook his head, it would be a long time before he would be right. A few visits of this sort started the practice of morbid introspection, which the young fellow had been pursuing since.

Illustration of benefit of a cheerful manner.

Not far from him another doctor lives of a different type, also known to me. The sister of a patient of mine has been under his care for a short time, and she writes as follows in a letter I was permitted to see:—

'I often think of him and his kindness to me through those long dreary weeks—not only what

he did, but what he was. Some people help one more than they know by just being themselves—I mean by their own living personality. Don't you agree with me? A bright smile on a dark day takes so much of the darkness away! Oh, it is the little things that mean so much, the small things that are so great!'

Here, then, are sketches from life of two equally estimable men. Of the two, the former is probably the abler doctor, and holds the higher position amongst his medical colleagues.

Evil done through ignorance.

And yet how little he knows and understands of the evil he does so unconsciously, so ignorantly! For this young man was no solitary case—I have heard of others since. He injures patients with the sole desire of benefiting them, for want of knowledge; he has never been taught—and there are hundreds like him. Is it any wonder that this book is written? And is no such teaching needed?

I will now give one or two illustrations from real life of the many and valuable precepts we have been listening to. But before doing so I should like to say a little more upon this important, and yet almost never considered, question of the unconscious therapeutical value to the patient of the physician's personality.

A doctor should know the effect of his personality.

I am writing for doctors; and, while I deprecate earnestly too much introspection, and know well that, with regard to charm of manner, style of speech, and many other things, the truly unconscious should never become the conscious, nevertheless it is of great importance that a doctor should have a clear idea of all the branches of therapeutics at his disposal when he goes to a case. I trust, therefore, that after reading this book he will ever remember that perhaps not the least active agent in cure may be himself in his own personality. I know this sounds strange doctrine and savours of conceit, and scant reference will be found to it in learned and weighty tomes; but it is none the less true because never spoken of in the schools, save, perchance, in that futile opening address at the commencement of the session in October, when the practical-minded student feels nauseated with the idealism and platitudes that are poured forth, if he be bold enough to sit in judgment upon their august author.

Only alluded to in October addresses.

It will be observed I do not here in the least take up the money side of the question—that is, the bearing of the physician's personality on his professional success by his attractive graces—(that I shall refer to later on); and

herein differ from many I have quoted, to whom this seems the chief object. I consider such a point alien to and outside the scope of our inquiry at present, which is the loftier and more altruistic one of our own therapeutic value to our patients.

The mind casts a shadow just like the body.

'The mind casts a shadow just like the body' is a pregnant sentence that dropped on my ears, years ago, from the lips of an aged and sleepy parson in a sermon to a sparse and drowsy congregation as I sat in a mouldy pew in a small and decaying private chapel attached to a country house; and it has echoed in my mind ever since.

The mind is shown in all the surroundings.

The mind of the doctor, in itself, and in its manifestation in conduct, manner, face, dress, ways, and in all connected with him, must, *ipso facto*, incessantly affect his patient for good or ill.

This is, of course, true of all men; but a doctor's personality affects his patient in a way that none others do. He is so connected with the issues of life and death, and is to the family such an oracle, that all about him, unconsciously to himself, and often unconsciously to his patient, has a profound power.

The judgment of the laity passed upon him from the effect of his personality is often sounder

than his own. His medical education has, on the whole, taught him rather to despise the man within him in favour of the doctor; and he is in some danger, as the witty Frenchman said, of having inscribed upon his tombstone: 'He was born a man; he died a doctor.'

Experts seldom have well-balanced minds.

And not only so, but his special education has thrown other things out of focus. He is an expert in medicine, and therefore probably is anything but an expert in manners. All experts lose balance; hence the law of England has never yet been persuaded to place the issues of life and death in criminal matters in the expert's hands, even of a judge, but rather in the stolid common sense of twelve British jurymen.

Do not lose sense of proportion.

On the other hand, in insisting on neglected points in practice, we must not lose our sense of proportion. We must remember, while magnifying the value of face and dress, and words and good manners, how little is seen of any of them when it is a question of a grave or mortal illness, or some major operation in surgery. The coat goes off, the suavity disappears, the words are few, and all trivialities vanish. In view of such a time it does seem almost trifling to give them such a therapeutic value.

And yet it is not so. The greater part of our patients' lives are not passed in stress or storm, and our intercourse with them is not, as a rule, conducted without our coats or manners. Usually our patients *are* in a condition greatly to be influenced by various externals or shadows of our minds. The danger, of course, is not so much that of overvaluing the therapeutic power of personality, as that of introducing artificiality into our expression or manners. On the whole, it is far better to continue with what is defective than to try and improve it by substituting what is obviously artificial.

Avoid artificiality.

When I began practice I asked an old and wise doctor near how I should look when I entered a sick room. His reply was, 'As much like an inspired idiot as you can.' And I have often thought since this describes very well the aspect of a man who tries to appear what he is not. Certain conspicuous medical vices may, however, be safely named without leading any reader to such an unhappy expression of countenance in trying to correct them. Amongst these may be enumerated fear, hesitancy, depression, ill-temper, pomposity, verbosity, levity, too much solemnity, artificiality, hurry, impatience, carelessness, forgetfulness, and vanity.

The 'inspired idiot.'

Qualities that injure patients.

Qualities that benefit patients.

As contraries may be briefly named, amongst unconscious therapeutics, dignity, simplicity, brevity, decision, interest, sympathy, candour, naturalness, certainty, cheerfulness, hopefulness, good temper, courage, carefulness, patience, and firmness. Patience in hearing and listening, distinctness in speech and orders, quickness and observation in seeing, and firmness and gentleness in touch, are also helpful adjuncts.

But enough, for the moment, of sermonising. Let us look at a pleasing picture or two.

Sir T. Watson as a model physician.

Sir Thomas Watson[1] laid no claim to genius; he made no great discovery, and yet he was by universal consent regarded as the completest illustration of the highest type of physician. His moral as well as his intellectual qualities had much to do with this. His faculties were well balanced, his mind fair. He took a wide view of every question. His flexibility of mind, his quick perception alike gave him a great ascendency.

Dr. Begbie described by Sir D. Duckworth.

Of Dr. Begbie Sir Dyce Duckworth writes: 'He had a charming manner perfectly natural to him, in which decision, firmness, cheerfulness, and tenderness were exquisitely combined. Hence it

[1] Dr. C. West, in *Medical Times and Gazette*, 1882.

often happened that, even when a case was hopeless, his genial presence and sympathy soothed the sufferer, and conquered the hearts henceforth of sorrowing friends.' Dr. William Barton says of the same man that when he entered a ward a new light seemed to shine on the faces of the sick. The very way in which he put his hand on a patient's shoulder seemed to give the invalid comfort and strength.

Inner life of Sir James Paget.

With regard to Sir James Paget his son says,[1] 'One thinks of that yet deeper life which more than any other power made him what he was. Only those who were nearest to him could ever guess at the intensity and simplicity of that inner life.'

Description of Sir James Simpson.

Sir James Simpson[2] availed himself fully of the unbounded confidence placed in him by his patients. The charm of his personality was one of the greatest factors of his success in practice. The sympathy he had was a real sympathy, not a thin professional veneer, and was manifested by deed as well as by word. It aroused in his patient, quite unconsciously to both, a feeling that this man, above all other men, understood his complaint; that he, the sufferer, was the chief

[1] *Memoir of Sir James Paget*, p. 429.
[2] *Masters in Medicine: Sir James Simpson*, p. 166.

object, the only object, of his thoughtful care. It was said over and over again of him that his word and look did more good than all his physic—(not on account, be it noted, of the poverty of his prescriptions, but because of the power of his personality)—so able a wielder was he of that healing power which reaches the body through the mind. His patients followed unconsciously the ancient command of the 'Talmud' when it says, 'Honour your physician before you have need of him;' and they went to him full of respect and fired by faith. What good it does one to look at pictures like these! One feels, after reading the lives of such worthies, that the man is indeed more than his physic, and that the science of unconscious therapeutics stands on unassailable grounds in the presence of such illustrious examples.

Such men are inspiring.

These brief notices remind me of some lines I once saw sent with a vase to a medical friend by a patient:

Lines on a vase.

'May this vase be a symbol of the friendship which contains things pleasant, beautiful, and of sweet savour! May the bright water that it holds be a picture of the healing streams that flow from a helping heart and hand to a suffering world, and of the living water dispensed to fevered souls!'

To turn to another point. People invariably applaud boldness; indeed, a bold, prompt act, that strikes the nail on the head, done with unwavering steadiness of mind and nerve, if successful, often leads almost to idolatry.

Snapshot diagnosis.

If you know a patient's ailments so well as to sit down and tell him and his friends exactly how he feels better than he can tell you, he will be apt to believe all you afterwards say or do. And yet

Dangers of it.

in this practice lies the great danger which we have alluded to of suggesting to a patient ailments he does not as yet possess, but which he may speedily develop from our suggestions. All such statements therefore should be extremely guarded and always be less than the patient believes about himself, and never more, and they should never be mere guess-work.

Besides being a student of character the doctor should be many-sided, possess flexibility of manner, self-command, quick discernment, address, ready knowledge of human nature, and the happy genius of accommodating himself to varying circumstances, and to all people.

Physician or naturalist?

Dr. Broussais observes: 'The real physician is the one who cures; the observation, which does not teach the art of healing, is not that of a physician, it is that of a naturalist.'

Jean Paul Richter tells us: 'The first rule to be observed by any one who will give something is, that he must himself have it. In other words, it is useless to attempt to light the fire with an unlighted match,' (or to cheer a patient without a cheerful heart).

Dr. Cathell says:[1] 'Cultivate a cheerful temperament; gentle cheerfulness is a never-failing source of influence. It is a nerve tonic and stimulant; it cheers the timorous, encourages the despondent, and comforts the despairing.'

Sir H Holland on manners.

Sir Henry Holland says:[2] 'The influence of the countenance, the manner and language on the feelings and thoughts is great in the bodily welfare of the patients. A few simple words of comfort and hope in many cases effect a positive good which no medicine could equally produce.'

The natural or assumed manner of the physician (cheerful, austere, or eccentric) may arouse in the patient feelings and ideas capable of bringing about changes in the different systems of the body, particularly the digestion and circulation, that contribute to the equilibrium of nutrition.

Some doctors are real tonics

The doctor who is educated and tactful, with

[1] Dr. Cathell, *The Physician himself*, p. 42.
[2] Sir H. Holland, *Medical Notes*, pp. 389, 390.

wide artistic and mental sympathies, brings a strong breezy freshness of the outer world with him into the monastic life of the sick-room.

When a doctor chances to be a patient, he soon finds this out, and longs to keep such a doctor at his side, and decoy him into a protracted stay.

There can be no doubt that, up to the very gates of death, a sanguine, cheerful, and hopeful expectation is infinitely more useful and more warrantable on the part of the physician, than a brutal candour which may cut the slender thread that holds the vital powers together.

Personality not of the same importance in all cases.

In some branches of the medical profession the unconscious therapeutics connected with the personality is of less moment than in others. On the whole I should think it is of least importance with those surgeons who are most confined to surgical operations under anæsthetics, and with some specialists, as for throat and ear.

Of great importance in consultants.

With consultants generally, however, it is of the first importance; and, indeed, it may be said that a consulting physician as a rule does more by his personality than any other doctor. I have a case in my mind in the North where I can only trace the good the doctor did to his having come all the way from London to do it.

The anticipated arrival of a well-known consultant at a country house is often the occasion for the exercise of the most lively and curative faith, that may arrest a disease that has long baffled the able but familiar therapeutics of the family doctor. Sir William Dalby quotes[1] the utterance of a brilliant diplomat on such an occasion: 'Here is the man that God Almighty has created to make me well!' The most utter sceptic in mental therapeutics who reads these pages must discern the curative value of such a faith.

Curative faith.

The fact is, a doctor is weighed in the balance as no other man is. Every act of his, every word he drops, is seed which will surely produce fruit. All he does has a double force. He is in more intimate relations with people in their real characters than any other person.

Doctors are daily weighed in the balance.

Coleridge considered him the best physician who inspired most hope; and, as I have said before, the laity as a rule are conscious of the value of the doctor's personality in a general way, and value it far more than the doctor does himself.

Just as with our material science and physical skill we seek by drugs and other agencies to

The doctor himself for the mind, and his drugs for the body.

[1] Sir William Dalby, *Medicine as a Career*, p. 61.

influence the body for good, so invariably (as I have said) does the physician's mind unconsciously influence that of the patient through the various media I have described.

Is there any 'gift of healing'?

But, apart from all this, there is, I believe, in some men a powerful influence for good proceeding unconsciously from their minds to their patients; so that a few minutes passed in their presence acts as a tonic in a way that affection, admiration, or esteem will not account for.

Two instances.

And this 'gift of healing' is not confined to the profession. An artist called on me the other day in some distress because it was being forced home upon him more and more that he possessed it; for so many of his friends felt his presence not only as a general tonic, but as being able to remove a headache, relieve a pain, produce an appetite, &c., and he gave me so many instances, that I could not doubt that some influence proceeded from him. The late lamented Sir Kenneth Barrington told me of a friend of his, not medical, in South America, who had this 'gift' to a marvellous extent, so that through his rooms in the hotel at certain times a constant stream of sick came to be benefited by his touch or look. He received no money, and took no steps to make

his power known; and it was as much a source of mystery and surprise to himself as it was to his friends.

I have heard patients say, referring to a single interview with a doctor of perhaps ten minutes, that they felt they were getting better all the time. Of course, I am principally referring to nervous affections, though I am convinced that organic diseases are also benefited.

Benefit from a single interview.

This purely unconscious psychic quality, about which at present little or nothing is known, can, like other natural gifts, undoubtedly be largely increased in power by use; and differs totally from all influence consciously exerted by physicians over patients which requires effort, and is possibly allied in some measure to hypnotism.

Healing power increased by use.

To return to the doctor's manners. The patient may even resist the power for good, or, on the other hand, may strive against the depression caused by the doctor's bad manners or gloomy looks, and may combat them actively with his reason; but they will yet have their effect for good or evil, *malgré lui*, on the body through the unconscious mind or 'instinct.'

And yet, of all this power, on which we have dwelt at some length, the doctor is at present

Of all this personal power nothing is taught.

taught nothing scientifically. What little he suspects he arrives at intuitively, and feels half ashamed of, as he resolutely sets his face towards the material, and turns his back on the psychical.

This, however, alters nothing; and patients are helped or hindered, diseases cured or aggravated, however confirmed an agnostic the doctor may be, by the psychic therapy he unconsciously uses.

Two mighty powers for good.

There are two mighty powers for good in every physician worthy of the name—what he *knows* and what he *is*; but, alas! as a rule, he only values the former. This book, as well as a former one, is written that he may better understand the worth of the latter.

CHAPTER V

OTHER THERAPEUTICAL INFLUENCES

Most works on therapeutics, writing of conscious therapeutics only, include under this heading solely what the doctor *does or can do* for his patient. In my present work I have sought, writing of unconscious therapeutics, to point out the value of what the doctor *is or may be*; and in this chapter I shall go a little further, and include in unconscious therapeutics what the doctor *has or may have*. Looking, then, comprehensively at the question of therapeutics, one may say that it includes what the doctor *is* and *has* and *does*; that the two former are mainly unconsciously used, and the latter consists principally of conscious therapeutics.

Therapeutics include what the doctor *is*, *has*, and *does*

We will, therefore, consider here some further therapeutical influences that unconsciously affect the patient, or are wholly or partly unconsciously

Further unconscious therapeutics.

used by the doctor, and, as a rule, but little thought of.

Innumerable forces affect us.

The forces that beat from every side on the unconscious mind, both directly and through the medium of consciousness, are wellnigh innumerable, and are, as we well know, both depressing and elevating, aggravating and in some cases even causing disease, and in others, again, lessening and even curing it. In their ultimate analysis they must, of course, include every agent that in any way reaches the brain through the medium of one of the external senses. But it will be sufficient for our purpose if we take a brief survey of a few of the more obvious favourable influences that fall upon the nervous system during illness. Few though they may be, they have to be carefully noted and weighed, not only because they may help to neutralise the depressing effects of the other class, but in order that they may be turned to good account by the physician, and yet wisely controlled, lest by their excess they prove injurious instead of beneficial.

We consider the more obvious.

Enumeration of these.

They include the sense of relief from pains and other forms of suffering, which is effected by successful treatment; reassurance in general as regards the immediate and remote results, and

the duration of illness and incapacity; they include hope, the assurance and the consciousness of improvement, and, as collateral influences of a favourable kind, the attention and devotion generally of friends, nurse, and doctor; the pleasing sense of relaxation and change from the serious work of life to light occupation of a literary or artistic kind; indulgence in innocent amusements, hobbies, and habits—ever in moderation—such as smoking; and, along with the incomparable delight of a sense of convalescence, the pleasure from release from the bed and from the sick-room, the return to the open air, change of scene, and, finally, the resumption of congenial work with full consciousness of fitness.

Time is a therapeutic agent.

In this connection there is also to be mentioned the mental calm and resignation which mercifully comes to all sufferers from disease, however severe, by simple lapse of time—the becoming accustomed to illness.

Never suggest death to a patient,

The patient must, above all, receive the full benefit of hope. If he be a man cast in common mould as regards love of life and dread of death, expressions must never be given to our fears in any form. The bare suggestion of death to such a man may turn the scale against recovery;

and, I may add, has apparently done so, to my knowledge.

In cases also of less gravity—that is, in treatment generally—it is ever a part of the duty of the physician, and one of the best methods of turning nervous influences to useful account in treatment (as we have seen in the previous chapter), to inspire the patient with fortitude and cheerfulness.

but always reassure him as far as possible.

The wise physician reassures him with respect to the duration and result of the illness and his ability to relieve distress; and he is careful to dwell upon the more favourable features of the case and to acknowledge every improvement.

The mere presence of the doctor at the bedside in alarming emergencies may be of paramount service by inspiring confidence, as in cases of various hemorrhages and of heart disease, and may thus be included rightly as unconscious therapeutics.

Agreeable surroundings are unconscious therapeutics.

The immediate surroundings of the patient should be all made as pleasing as possible. Food and medicine should be given in the most agreeable forms consistent with usefulness, and the same kind of attention paid to every method of treatment employed. In the treatment of diseases

of the eye, for instance, as Brudenell Carter says, a bandage is better than a dark room, which deprives a man of companionship, and is more depressing in its effects in many other ways.

Let patients feel they are getting on.

Efforts may often be made by the doctor to re-establish peace of mind in the matter of business and in social and family affairs. Advantage may be taken of the smallest progress in the right direction to grant a little liberty as a practical assurance of advance. 'It does him so much good,' the friends tell us, 'to do a little and feel that he is getting on.'

Our organs are good servants but bad masters.

It may be noted here that the half-involuntary organs are good servants but very bad masters; and the more they are indulged the more peremptory do they become. They should be educated to subserviency; and the earlier in adult life that their education is begun the more complete will it be.

They can be educated.

If they are fairly healthy, any one with a resolute will may easily teach them. It is common to hear healthy people say, and sometimes as if it were praiseworthy, that they cannot sleep on this side or that, or without an extra pillow or some such help.

In some of these cases there may be just

They acquire bad habits.

reason for the peculiarities complained of; but in the greater number they are mere habits grown out of a want of will power to resist some discomfort. If such people would resolutely pass some hours, or a night or two, without sleep, sheer fatigue would insure their sleeping in any posture whatever.

And others, many of whom are healthy, tell us that, unless they have their meals at regular and fixed times, they cannot digest them.

There are few of these who may not safely resolve that they will not regard fixed times, but will breakfast and dine whenever they please or when circumstances make it most convenient.

Do not allow long lists of disabilities.

Their digestive organs will submit to their wills after a brief struggle, if their wills do not submit to them. That condition cannot be considered as perfectly healthy which is not able to endure any reasonable disturbance of the usual habits of life. In short, every effort should be made to reduce the list of the things a patient cannot do to *nil*; or, if this cannot be effected, at any rate to make it as brief as possible.

Pursue health rather than strength.

I wish there were as much ambition for really good health as there is for athletic strength or courage, and that as much pains were taken to secure it. When one thinks of the strenuousness

and long continuance of discipline and effort in athletic training, one sees what pains are taken to reach the desired end, and what success can be attained. If we only grasped in the same way the necessity of turning such power to conquering those peculiarities and bad habits that are such drawbacks to the pleasures of life, and that so often seriously handicap us in following its business, what valuable results we might achieve! But we are looking now at our subject rather from the patient's standpoint than from the doctor's, and this is not our intention here.

Next chapter written by a patient.

In the next chapter I hope to give a description of therapeutical influences, written by a patient and entirely from her point of view, as we think such a chapter introduced into a medical work is not only a novelty, but gives us such an opportunity, as a physician seldom gets, 'of seeing ourselves as others see us.' It may also contain some hints that will prove of real service to many.

The patient's environment

At present we will consider very briefly a few of the minor therapeutical influences connected with environment. We will first look at the patient's environment, and then at the doctor's.

A clever doctor not only hears patiently and quietly all the patient has to say about himself,

but he surveys him from head to foot—his build, complexion, expression, and manner—he examines him in every possible way; but if he stops here he still does not know enough of him for successful treatment. The consideration of a man's case apart from his environment is folly. The immediate domestic, as well as the social and business, surroundings of the patient must always be studied and reckoned with; and then, when all this information has been collected, the doctor still feels, as it were, but on the surface of the case.[1]

must be considered.

Illustration of this.

Let me give an illustration of this from an assurance office. Some years ago a brawny Scotchman underwent a medical examination at a London life assurance company, and passed with flying colours, assuring his life at the lowest rates, being apparently perfectly sound. After him came a little, round-backed, flat-chested doctor from Southwark to be also passed for life assurance. The physician of the company shook his head a bit when he listened to his heart and lungs, and said he did not quite know what to do. But at length, in view of the fact that the candidate was himself a doctor, he gave him the benefit of the doubt, and let him through, but with very different feel-

The strong Scotchman and the weak doctor.

[1] See Dr. Mitchell Bruce, *Practice of Therapeutics*, p. 182

ings from his predecessor. In six months the Scotchman was dead, and the company had to pay the money, simply because their doctor never carried out Mitchell Bruce's advice, and failed to take into account the man's environment as well as the man himself. The fact was, the Scotchman was a Highland gamekeeper, who was suddenly transplanted from the moors and heather to squalid London lodgings and very confined work; and he died of the change. The little, consumptive-looking Southwark doctor was born and bred there—and his father was there before him; and he was thoroughly in harmony with his surroundings, bad as they were, and continued to live on in his doubtful health because he was not transplanted. Probably to make a gamekeeper of him would have killed him. No man, I am persuaded, can really be a clever doctor who does not give the full value to a man's environment.

Evils of transplanting.

The stimulation of a healthful environment may be profitably employed by the wise doctor. No physician should consider himself above using these natural aids to the restoration of health.

Environment is a strong therapeutic agent,

Environment, it must be ever remembered, is not confined to the physical, but includes all the forces that bear on body, spirit, soul.

and includes mental environment.

Psychological influences form ever a part of the natural environment of a patient, and of the artificial environment prescribed by the doctor.[1]

I consider, personally, that in treating any difficult nerve case, therefore, a doctor can come to a much better judgment about it if he sees it growing in its own garden, as it were—that is, in its own natural environment—than if he is confronted with the patient for a stiff quarter of an hour in his consulting-room.

Value of the doctor's environment.

But now consider the other side, for there is no doubt that, if a sight of the patient's environment helps the doctor, a sight of the doctor's environment helps the patient.

This environment of the doctor is, no doubt, even less thought of than that of the patient; but its unconscious therapeutic value is great. It is not alone the doctor's personality that affects the patient powerfully for good or evil, but all connected with him has also its therapeutic action—his house, his waiting and consulting rooms, his general reputation, his other patients, and perhaps other things as well.

Our old friend—if we may call 'The Young

[1] See Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 136.

Practitioner' so—says: 'The arrangement and general tone, so to speak, of your consulting-room should also receive special consideration, for not a few patients are sensibly impressed and influenced thereby.' 'The Young Practitioner' speaks.

All this is, after all, only reasonable and rational, once we admit the influence of the personality; for to a certain extent, in proportion to its individuality, the personality of the man is stamped upon all these details—indeed, upon all that he has.

Then, with regard to natural physical measures of cure, they are often to be recommended, even when they can have but little direct therapeutic value. 'They strengthen the patient's faith in the physician,' says Dr. Collins,[1] '(if wisely ordered), and they constitute a material basis upon which the physician can build his suggestions. The mental effect of the physical agent on the patient is ample warrant for faith in such therapeutics.' Physical measures may act psychically.

'In electricity,' he points out,[2] 'the belief seems to be growing that its power for good depends largely upon its effect in making a psychical For instance, electricity

[1] Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 142.

[2] *Ibid.* p. 414.

appeal to the patient. The force that appeals most powerfully to the patient's emotions, and that is given from the most complicated and elaborate apparatus, according to the most studied plan and with the greatest care, is the one that will have the best effects.' It would, however, be most untrue to limit the effect of even the ordinary faradic current to its psychical influences.

In four-fifths of the cases.

Still, if such an authority as Moebius asserts that four-fifths of all electrical cures have been effected in cases where electricity (directly) could not have been of the slightest avail, it may be seen that the mental factor has a large sphere for its influence.[1]

Psychic action of electric light baths.

A recent instance of a popular remedy that is largely psychic in its action is the electric light bath cure. Before it was known to be used by the King, and believed to be a cause of his wonderful health, it dragged on rather a lingering existence. I took pains at this time to find out what therapeutic powers it was credited with, and a doctor who had large ones of his own was very lukewarm in their praise, and agreed with my view that, seeing the light was incandescent and con-

[1] Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 142.

tained no actinic or chemical rays, like the sun or arc light, any good effects were probably due to the heat generated. Since, however, its royal patronage, doctors have rightly discovered it has much greater powers than it possessed before; and the baths are crowded with eager patients, not only seeking, but obtaining, relief from these baths. This agrees with what I have mentioned elsewhere, that the value of a medicine depends to some extent on its popularity and fame; in other words, upon its psychic powers or unconscious therapeutical force.

Medicine and fame.

Many other indirect therapeutic influences might be enumerated; but I have no wish, even if I had the power, to fill in every detail of my subject. My desire is to stimulate thought rather than to satisfy it, and to indicate the scope of my subject rather than to exhaust it.

CHAPTER VI

FROM A PATIENT'S POINT OF VIEW

The writer's fears.

My subject is the personality of the physician from the patient's point of view; and I hope I shall be pardoned if I chance to wander in my remarks, in a feminine manner, into some side issues.

In the first place, it strikes me that, before the personality of the physician, comes, in order of time, his waiting-room; but ere we inspect this the question arises whether, after all, a visit there is the best thing for a nerve patient.

Should the patient call or be visited?

And here at once is a most important point, that is rarely, if ever, raised by the doctor, and this is whether it would not be better for him to pay the first visit rather than the patient.

New patient should be visited.

I submit that, could the patient always *be visited* instead of visiting (at any rate, the first time), the benefit to both doctor and patient would be immense. And why? Here and throughout our inquiry let us take as our motto, 'Put yourself

in his place'—a motto to be written on the heart of every physician.

What do we find? Generally, and especially in nerve cases, a shrinking, over-sensitive, shy, often sullen or protesting mortal. This shivering creature suffers, perhaps, either from alarm born of complete ignorance as to medical treatment, or from the painful experience of 'suffering many things of many physicians,' and rather growing worse in consequence. The patient described.

The first difficulty with regard to a visit in town is that the patient, if not living in London, has probably come there specially for this consultation; and, if so, is possibly in disadvantageous and novel surroundings, with, perhaps, unaccustomed noise, bustle, and heat. The patient finds herself in grand, dreary hotel rooms, or stuffy, comfortless lodgings, where nocturnal cats, hard beds, bad cooking, and enormous prices, under the name of 'extras,' form irritants that have, even in a day or two's stay, increased the nerve trouble. The arrival in London.

But having—perhaps by means of some local doctor or friend—selected, rightly or wrongly, a fresh adviser, our wretched hero or heroine must sally forth to visit the physician at that time which, for a nerve sufferer, is often so important to be a Evils of a morning visit.

quiet one—the forenoon. The patient starts, then, at an unwonted hour, possibly without making any appointment (we are in each detail taking the gloomiest outlook, and working from that). She (let us say) arrives at the house. The very door-bell sends a fresh thrill through the strung-up nerves; at the same time the symptoms of which the patient was about categorically to complain disappear most mysteriously for the time, leaving nothing but a sensation of being about to write, or rather talk, herself down a humbug—that bugbear of the nerve sufferer.

Effects of the door-bell.

To the patient on the doorstep appears a maid- or man-servant. And here be it said that, in at least some feminine nerve cases, a great and special shrinking from the male sex is often experienced—maybe from the feeling that nerves are extra abhorrent to men; maybe from the often brusque manner of male relatives or plain-spoken acquaintances as to any exhibition or talk of this curse of present-day humanity; maybe from the outrages of womanly feeling in former necessary medical questions, &c.[1] Also, the most sympathetic and discreet butler can have but little

Maid-servants, not men-servants.

[1] The obvious question that arises here is, 'Why not consult a lady doctor?' Our experience of women, however, tells us

soothing influence on a lady; and these form so large a percentage of this class of patients that we may think primarily of female sufferers. The advantages of a maid, and that an elderly, discreet, sympathetic, and pleasant-looking, yet sensible woman, are, undoubtedly, very great.

Results of not making an appointment.

And now we are inside, inquiring, perhaps airily, for the great man (we are considering nerve consultants here), with whom we have no appointment, foolishly supposing him to be immediately accessible. Let me give an instance. I have known a patient go thus after eighteen months of torture from nerve trouble, accentuated and largely caused by circumstances, after ineffective, though never unfriendly, experiences with various general practitioners. She had, in her extreme state of suffering, said good-bye to a friend under the idea of being possibly immediately immured in an asylum, mistaking, as is so commonly done, brain *exhaustion* for mental *disease*. To please a relative she had forced herself to see one more doctor—this time a specialist—but had tied his hands as to cure by deciding to pay but one visit, simply

A case in point.

that, even allowing for all this shrinking, the ordinary doctor is preferred in nine cases at least out of ten to one of the other sex.

for him to declare whether or not her brain were affected. Arrived in a mental agony, and without appointment, she was told that the doctor was engaged (naturally) the whole morning, and could not see her before two days hence. Only her feeling for the aforesaid relative ever got her there again, and her sufferings meanwhile may be imagined.

The doctor should see new patients first.

Now, granting her carelessness, such a thing should not be possible. Surely, out of a room full of patients some are not first-comers, and hence must be better fit to sustain the trials of waiting, or even of postponement for that day, than a nervous patient at her first visit. Not only, therefore, would I admit our unfortunate subject, but I would see her (or even him) as soon as possible.[1]

But it is time to enter upon our consideration of the waiting-room.

[1] In various countries different plans obtain of seeing patients from the ordinary method of appointments here. In some they are seen in order of arrival; in others certain days are set apart for new cases; while, in hospitals, all new cases have special and generally prior attention. In practice it is found impossible to carry out such an idea as is here suggested, admirable though it be in theory. Patients themselves come at all sorts of times, and those who are too careless to make an appointment, and especially for a first visit, which cannot be hurried, must of necessity suffer some inconvenience. At the same time it is, no doubt, important never to keep new cases waiting any longer than is absolutely necessary. The hint is certainly of value.

First, is there anything so objectionable to mankind as waiting, and that inactively? Ask the soldier, the lover, the condemned criminal—anybody! How much more, then, the person before us, and at the time and under the circumstances named? But—there is always a 'but'—even these distressing conditions may be mitigated. This mitigation largely may lie where we, perhaps, least expect, and at present fail to find it, namely, *in the waiting-room* itself. But let us look at it as it exists to-day in the houses of most consultants. Is this room, I ask, a place calculated to inspire cheerfulness, patience, soothing, or encouragement? A large, lofty dining-room, often in a house of an early Victorian date, with gloomy windows, too heavy to have been opened so as to produce really fresh air in the room—a fact that weighs much against a nerve patient. The walls are disfigured sometimes with a paper of twenty years ago, sombre, hideous; often covered with prints of an uninteresting if not a gloomy character. The mantel-piece holds the usual heavy and seldom tasteful bronze ornaments on each side of the central clock of fate. In the centre is a large table, round which are seated the waiting crowd, making hateful to themselves the cheerful pages

Evils of waiting.

The waiting-room as it is:

Gloomy, tasteless, and depressing.

of 'Punch,' and papers of all kinds, by association of what can seldom if ever be a pleasant experience, however helpful; to say nothing of the reminder of hours spent in a similar environment at the dentist's. Moreover, the sufferer, besides the ordeal of an uncertain and generally protracted suspense, and the irritation as well as heart-sickness of hope deferred, must watch similar sufferers and be further depressed by seeing the cheerless surface of her own symptoms mirrored in others, as well as by the conviction that her case probably rouses in them the half contempt, half irritation produced in her own mind towards any waiting patient exhibiting any symptoms like her own.[1]

All aggravated by presence of other sufferers.

What are the consequences? The doctor, who recognises the inestimable value of first impressions, will probably find his patient in a state very different from that at a first interview in her own room at a given hour, or even in an environment which we will describe later. Irritated, tired, depressed, probably terrified, possibly hungry, and suffering, further, often in a way we need not put into words, but one especially trying to a nerve

The evil consequences.

[1] This passage describes feelings that perhaps a doctor knows little of, as it is very rare to get our waiting-rooms and the feelings they inspire described by any of our patients.

patient, in whom, it will be remembered, her state often produces further brain irritation or exhaustion, the patient is seen at her worst. It may be well that this should be so at some future time; but the first impression should surely be one of the *normal* diseased condition.[1] Moreover, it is important that the patient should be able as clearly and calmly as possible to explain or corroborate special circumstances, sometimes of great difficulty and complication; occasionally even, as I have known, having to try to remove a misconception in the doctor's mind, sown by a well-meaning but misunderstanding friend, which mistake he may otherwise not recognise until it is too late.

Patient is abnormal.

If such be the results of the present system, who can tell what beneficial effects, present and future, bodily and mentally, might not flow from a waiting-room something after this fashion? Let the dining-room still be used, but see that it be

The reformed waiting-room.

[1] I may mention that I have just returned from a journey of nearly 300 miles, undertaken solely by the wish of a very wise father, in order that I might see his daughter in her normal state, and so form a right judgment on her condition. She was quite able to travel, but I am convinced the father was right, and that in this instance a visit to me would have been futile. I simply mention this case to show the wisdom of our writer's remarks, and to prove that, in some cases, a visit to a patient in her home is essential to a right diagnosis.

thoroughly airy and warm, without being oppressive; cheerfully bright without glare. If lights are needful, use, preferably, well-managed lamps or candles. Have as little in the room, and on walls, &c., as is compatible with your own comfort, needs, and tastes; and endeavour to make it as unlike the past and generally present dining-room as possible. A cheerful yet quiet paper; coverings and curtains of some bright pattern: if you must have pictures, then of an attractive kind, cheerful and tasteful, and flowers about everywhere. The dining-table pushed aside, and a comfortable chair or two near it, and with a few papers and books, &c., not aggressively evident. Here and there a few tiny tables, with chairs near, and one or two with folding screens near to give semi-privacy if wished. Some work or other things left about will give a homely air. The maid might show the patient a room where she may obtain some light refreshment, such as a glass of milk or a biscuit, if needed; or, if there be no second room, something of the sort might be placed on the sideboard. The maid should also be easily summoned if wished for at any time.[1]

Its cheerful yet quiet walls.

Its tiny tables and judicious screens.

Its light refreshments.

[1] The whole of this passage shows how easy destructive criticisms are compared with helpful suggestions. We are sure the patient has done her best, and yet when we have made what

The doctor would thus have some chance of seeing the sufferer in a *fairly* normal condition; but the patient will never be quite herself, for, given all these precautions, still shyness, fear, and an unavoidable amount of waiting will have done their work. But *why so much waiting?* The cases of no appointment being made are seldom due to common carelessness. They may spring from some such distress of mind as before described, which is an agony to the patient, and when any delay can hardly be borne.

Even here the waiting should not be long.

Or the casualness, captiousness, and *laissez-faire* and unpracticalness belonging to nervous disease, may cause this otherwise blameworthy procedure. Its indulgence and more has been pleaded. Patients rarely understand that an ap-

Reasons why appointments are not made.

changes are feasible, how little is our dining-room altered! Certainly hardly enough to make any material difference. We think the suggestions as to food, screened corners, and bright cheerful pictures are good, and that these latter are best when they are good water-colours of pretty places. The real difficulty in London houses and in large towns is that the drawing-room (which would in every way be more suitable and cheerful as a waiting-room) is on the first floor, and patients have an almost insuperable objection to mounting a flight of stairs. Still, it might be possible and beneficial, where a doctor's patients are legion, to give them the choice between the drawing-room with the stairs, and the dining-room without them. At any rate, the whole subject is worth further consideration.

pointment often can be made for the late afternoon, at the doctor's private residence, if not at his official one; and this plan I would earnestly advocate, for reasons already stated, always excepting the 'better way' of a home interview.

Evils of unpunctuality.

Now take the average 'wait.' The appointment is made for eleven, a favourite hour. But does the doctor always see the patient then? Not a bit of it! No more than does the dentist or the dressmaker. The doctor, therefore, names a quarter—even half an hour—too early as a mere matter of self-defence. So be it, then. But—success being your ultimate aim for you and your patient—I would suggest that few patients would resent being told that previous cases have taken longer than was anticipated, and being asked to return in half an hour; or, as a counsel of perfection, if the hour be advanced, some light refreshment could, as I have said, be served to them, preferably in a separate room.

The doctor should be candid,

But what shall we say to waiting for one, or even one and a half, hours? The consequences have been described. The cause now occupies us.

Doctor overcrowded with patients.

Few, if any, people will have come without appointments. But the fashionable doctor may have

his morning already full, so two extra patients must be squeezed in where they can. Or the first patient is late; several cases are long ones; and so the ball rolls on. Each medical reader will know his special reasons and difficulties.[1] This waiting business is so undoubtedly important that I will go on to hint at its harm as regards the personality of the physician himself. This should have for its chief factors calmness, cheerfulness, and entire absence of fuss or hurry; also—especially in nerve cases—that influence which comes largely from a vitality partly personal, partly 'magnetic.' This wonderful gift, for it is no less, *must* suffer from the stress or haste caused by a multitude of patients, &c. &c. How much patients lose by this is incalculable, the more that the presence or absence of the 'vril,' as Bulwer Lytton would call it, is to the doctor generally unconscious. May a mere patient suggest, not only a more leisurely

Hurry injures the doctor.

Value of an interval between seeing each patient.

[1] I fear that most of my medical readers will sincerely wish that these difficulties were theirs. The squeezing in of extra patients into a full morning is a bad practice of which they are seldom guilty. Advice how better to fill their rooms would be of more value to most; and the long waiting here spoken of is far more common among dentists than doctors. There are, of course, a few to whom every word applies; but these are the envied leaders of our profession. The majority, at any rate, cannot be charged with aggravating patients' sufferings by long waiting.

morning, but a deliberate rest of, say, seven minutes between each interview (or five at least), accompanied, if needful, by bodily refreshment or exercise, or the mental rest of a non-professional book or pleasant letter-writing? Any doctor, who is also a Christian, I may perhaps remind as to the refreshment and recreation—in its deepest sense—of prayer.[1]

With regard to the consultation, leaving general suggestions, let me confine myself to details which I have found to militate against the benefit of the first interview.

See patients before seeing friends.

I have alluded to possible misunderstanding through previous explanations by friends. The doctor must consider if it is sometimes wise to see the patient first, so as to receive her without preconceived ideas.

On lady doctors.

And here a word as to the question of lady doctors, from a nerve patient's point of view. I do not believe in women taking up this profession,

[1] This short rest between successive cases, though not always obtainable in practice, is an excellent suggestion, and at least something to be aimed at. In too many cases, as I have pointed out, it is the paucity, not the plethora, of patients that tries the doctor's nerves; and the mornings are more often too leisurely than too crowded.

though their tact, deep feeling, resourcefulness, and, above all, their experienced sympathy for and knowledge of a woman's sufferings, bodily and mental, should be invaluable. Against that we have this fact, that most women are naturally exceedingly sympathetic and kind, and feel for and with others to a degree that would be in a doctor harmful to himself and his patient. But from temperament, habit, or disposition, and in the case of lady doctors, through resistance to their natural feelings, women are apt to fly to the other extreme. We all know that when a woman is hard —well, she *is* hard; and nothing hardens her like believing in hardness as a duty, for duties are what women are most apt to exaggerate. If a woman believes it her duty to be cold, hard, severe, or merciless—woe to the victim! With the best intentions, be she doctor or no, she often may reduce her suffering fellow-woman to agonies bodily and mental, to which the disease is preferable, and even less harmful. Nor does she usually possess (though I cannot cite an instance) the balanced, comprehensive judgment of a man, his strength of mind and purpose, nor win the confidence this engenders in the patient.

Adverse judgment by a lady patient.

The doctor's manner.

The next consideration is the doctor's manner. Many a doctor will deliberately put on a winning smile, a hand-pressure, and a manner which shall appear at once paternal, friendly, and encouraging, yet dignified and scientific. 'The success of this depends' (I quote Sir F. Treves) 'on whether he really feels the sentiments he is trying to show.' If not, he will only appear to many a patient either insincere, affected, impertinent, patronising—perhaps entirely exasperating; or, perhaps worst of all—ridiculous! We have, for instance, the 'bear' type (that, however, is hardly assumed) which deals (I hear) in brutal frankness and even rudeness. One very gruff specimen told a timid lady to insert an artificial drum in her ear, and when she meekly replied she did not know how to make one, roundly told her roughly she was 'an old goose.' He had never seen her before. Against this we find the gentleman who greets you with a smile and voice would-be pleasant, but only oily, and says: 'And how are we to-day?' There is he who calls you a '*young* lady' at forty-five; he who adopts a playful manner suitable to a lunatic; he who talks in six syllables larded with technical terms,

Story of a bear.

or tells incidentally how many titled patients he has just been to see. Of course it is impossible to please everybody. Still, I would suggest your simply expressing *what you feel*; at first with a due reserve, and remembering that to the patient you—at least at this interview—probably represent merely a disagreeable necessity. A fatal thing is to forget, now or ever, that a nerve patient is generally clever, but is frequently also possessed by a fear of madness, and of being thought mad. If, therefore, after discussion you say to her: 'You are clever at argument, at any rate!' she will think, though she may not say: 'So I have come to this, have I?'

Once more, Be natural.

But I would point out another trait which I have noticed as likely to do harm. This is, the want of medium in stating detail, and especially as to orders. A doctor will often give an order without thought or inquiry as to how far he is understood; maybe the very terms are a puzzle to the patient, who is probably too shy to inquire. Or, on the other hand, he (or I have known this in a lady doctor) may overwhelm you with details.

Follow the 'golden mean' in details.

I would urge for the first interview to be as

First interview should last one hour.

long as possible: an hour would not be too much, if feasible, but this is unlikely in the morning. For the first quarter of it your patient is not herself; the less so in that she may feel this to be a crucial time, and should that time be the usual twenty minutes, she may be in such an agony to make the most of it before judgment is pronounced, as to destroy all explicitness and benefit.[1]

Do not hurry your diagnosis or treatment,

Now, having sifted your evidence, you get the facts from her and the friend or nurse, and consider if you have enough to take any steps, or if you should wait for more light. A nerve case being generally complicated by circumstances, painful or at best awkward, it is wellnigh imperative to know much of the facts and characters involved before the case can be properly judged.

but give some immediate relief.

But we must remember the enormous disadvantage of 'marking time,' than which, I suppose, nothing is more depressing, aggravating, and harmful to a patient, especially if the case is of some standing. *Some* relief should be at once suggested, be it only sugar-and-water! But the doctor who

[1] This, we fear, save in a visit to the patient in her own home, is, to most, a counsel of perfection that can seldom be followed.

hurries his patient on a journey or into a Home, without feeling certain he has grasped the whole bearing of the case, is taking a grave risk.

At last, however, you have fathomed the case as far as in you lies, and have to consider where the patient should be placed.

Home should be, but is not, the best place.

What is the natural place—where are the natural people—to form a fit environment for a delicate person? Why, *home*—home with a little 'h'! You rightly say that the home is precisely the hot-bed of nerves; that what almost every patient needs is to go *from* home: nay, that the home life, home people are in many cases the 'exciting cause' if not the 'predisposing' one also. Alas, too true! But is it impossible for the doctor who, thank Heaven! is as a rule a true worker in the cause of science and humanity; is it impossible, I say, for him to alter this frightful state of things?

But doctors might improve this.

Not necessarily by societies, books, or theories, though all are helpful. His words (even chance ones), his influence, may work wonders even in ordinary professional intercourse if he but has this knowledge and the wish to impart it. He thus might help in all relationships—mother, father,

wife, husband, brother, or sister; and so all might be rendered not only innocuous but beneficial to the patient, instead of, as often, the reverse.[1]

Meanwhile, what?

But, till this happy consummation, and in our present case, the environment *must* be changed; and here comes in judgment as to treatment.

Every doctor is at least partly aware of the faults, foibles, weaknesses, disadvantages, and dangers of nurses, homes, hotels, lodgings, visits, solitude, companionship, town, country, idleness, work, silence, talk, emotion, love, indifference, selfishness, philanthropy, extreme religion, non-religion. With such confusing alternatives the doctor must arrive at a wise decision as to treatment, and that, maybe, in ten minutes' time or less! Truly, with such dilemmas a doctor's life is never an easy and not always a happy one—though a more glorious mission it is difficult to conceive, especially if he endeavours to minister, not only to the poor body, not only even to the

A doctor's life is not a happy one.

[1] Perhaps so; yet even an ideal home is seldom the best place for a serious case of neurasthenia or neuromimesis. The unconscious mind, exhausted in the one case and astray in the other, gets injury and not help from the sympathy that surrounds it, or, if this be changed to harshness, the case is worse. The fact is, the fresh and novel environment, with a wise and watchful indifference reigning round, is one of the chief factors in the cure.

poorer mind, but to that which is when sick often the poorest of all—the soul.

Where a doctor does not run his own Home, he can have no conception what pain it often is to the patient in bed to see how completely he may be hoodwinked by the various officials, and yet she dare not enlighten him ?

Doctors imposed on.

The personality of the nurse is a far more complicated problem than is generally thought, and the selection of the right one, too, largely depends upon the doctor's knowledge of character. I would here most deeply impress the danger of a little-known nurse or masseuse, especially for a girl, or an impressionable older woman. I do not mean in an actually bad or dishonest sense, though this first is, I know, possible where the nurse is 'on her own' and so not passed through the sieve of a matron's recommendation. And I have known various small but wrong attempts at influencing, according to a nurse or masseuse's own pleasure, convenience, or theories of life. No mother should consent to her young daughter being left alone with a masseuse unless intimately known to matron or doctor—and this is rare. Not for one moment do I mean that any harmful influence,

The personality of the nurse.

either from nurse or masseuse, is not an exception. But this also must be remembered: that women have long tongues. A doctor may command silence for the patient. Will it be carried out? Well, 'hardly ever.' And remember, too, that nurse and masseuse lead necessarily a restricted and narrow life as to time for gaining ideas besides their own everyday concerns and troubles, and mild gossip. How then can any, save some rare exceptions, provide conversation that will do other than sadden, irritate, or dwarf the mental outlook of the patient? I yield to none in my honour for nurses and masseuses, but you cannot make bricks without straw. One, I repeat, cannot expect anyone under an habitual strain of responsibility, generally of over-work, frequently of under-finance, and often with overstrung or exhausted nerves, to be a helpful conversationalist. Therefore, better have little talk, and—indeed this is what the patient generally requires—a freedom from 'the strife of tongues.' Take a rest cure. By the time the patient has had meals, special treatment, medicine, visits from the doctor, masseuse, and matron, and even one hour's sleep, how much of the day remains for that *conscious* rest

which is the very kernel of the cure? If to all this you add much gossip, and, perhaps worse, the puzzle is to find the rest (cure)!

The best nurse in nerve cases is often a lady who is neither a hospital-trained nurse of either kind, nor a personal friend.

Make the cure permanent.

Finally, when you turn your patient back to her own environment, *then* is really her critical time, and yours.

Have you thoroughly impressed upon her, by words, by all that should make up your personality, all which you would have her to know? Have you gauged her difficulties and the troubles of her daily life generally, and guarded her against them? Have you brought her peace of mind, decision of character, calmness of speech and action, altruism, varied interests, and, above all, moderation as to conscience, and as to everything besides? Have you guarded her by every means in your power against relapse? No? Then do not leave her till you have done so, directly or indirectly.

Once again, Be natural.

Always try to *feel* yourself what you desire her to feel, otherwise all will ring false; in other words, *be natural*, which really means, forget yourself and even your patient, as to *conscious* words and

manner, whenever you can. Lastly, it is impossible, even if desirable, one knows, for any busy doctor to keep as friends, all, or nearly all, of his patients. If, therefore, he be a Christian man, and desire to help them through life, he can *only* pray for them —'*only*'?[1]

[1] Although some parts of this sketch are not quite within the scope of this book, the hints it contains are often so good that I have inserted it almost in full, and feel convinced that few doctors can read it without getting practical hints that will help in some way.

CHAPTER VII

THE PRACTICE OF UNCONSCIOUS THERAPEUTICS

What 'unconscious therapeutics' are.

In this chapter I have ventured still to call those therapeutics 'unconscious' which, not comprised in the usual list of curative measures found in text-books, act without the consciousness either of the physician, or of the patient, or of both. As will be seen, it is supposed in a very great number of cases the physician is conscious of these means of cure, and the whole tendency of this book is to make him more conscious of them; not that consciousness of what we are naturally unconscious of is always an advantage, but generally the reverse.

Unconsciousness is often an advantage.

But it is necessary, if we are to progress in any science, that we should be conscious of the laws and facts of that science; and there can be no doubt that, instead of the wholly unconscious and haphazard use of these remedies by the physician, their intelligent direction and practice would immensely increase the value of unconscious thera-

peutics. This scientific use of means hitherto neglected is quite possible to the doctor without engendering any morbid introspection or self-consciousness.

The testimony of Sokhit-ni-onkh,

One point must be insisted on, which we will make clear. Dr. Whittington, in his 'Medical History of the Earliest Times,' has recently described the tomb of Sokhit-ni-onkh, a gentleman whose name figured largely in the medical history of some fifty-five centuries ago! As a matter of fact, he is the earliest known medical man. And he writes these words: 'I worship the great King, and I pray every god for Sahura, for he knows me and mine. Thus every wish from the mouth of His Majesty is realised for me, for the god (Anubis) has granted him to excel in medical affairs, because of the great veneration that he has for him more than for every other god. Oh, you who love Ra, pray to every god for Sahura, who confers these benefits upon me, for I am his trusty servant. *I never do any one any harm.*' Now it is impossible for any doctor, however careful in his prescriptions and use of remedies, to utter this last sentence if he remains ignorant of the power of these unconscious therapeutics.

fifty-five centuries ago.

'I never do any one any harm.'

I have given an instance of serious harm being

done through a bad manner (Chapter IV.) by an exceedingly wise and otherwise careful man; and innumerable instances could be given where incautious suggestions of evil from the lips of great men, as well as little men, ignorant of unconscious therapeutics, have produced disease—or, at any rate, symptoms of it; have aggravated disease; and have apparently been a cause of death as well.

Many unconsciously do harm now.

A good deal, of course, depends on the spirit in which we practise, as to whether we will or will not take the trouble to acquaint ourselves somewhat with the theory and practice of this neglected branch of therapeutics.

Dr. Mark Wardle, I observe, in his address last year on the ethics of the profession,[1] thinks there has been great deterioration as to this. He says:

Dr. Mark Wardle on the ethics of the profession.

'I remember when I entered the profession, some thirty-five years ago, it was an accepted axiom that to be a doctor was to be a gentleman, to pursue our work with a whole-hearted endeavour, to act in accordance with the best traditions of our noble calling, to devote ourselves to the saving of life and the alleviation of suffering, to be

[1] Dr. Mark Wardle in *British Medical Journal*, September 27, 1902.

actuated by higher and better motives than the instincts of a tradesman. Can we honestly say that such a condition of things is the rule at the present day? I grieve to say we cannot. I shall never forget, so long as I remember anything, the remarks that were made to me by the late Sir John Fife, whose memory still lives in Newcastle, when I was taken to him to be bound apprentice by indenture, after the old-fashioned custom, for five years. He said: "If you are entering the medical profession from a desire to devote yourself to a very noble calling, and are prepared to face a life of hard work and great self-denial, with very often scant gratitude in return, I say 'Go on;' but if you look upon it simply as a means of making money, from a business point of view, I say 'Stop before it is too late,' for in the former case you will, in the long run, succeed, in the latter you will fail." I cannot doubt that he expressed the opinion that was held by the great majority of the men of his day. I cannot fail to recognise how sadly we have fallen from that high standard during the time that has since elapsed.'

Is a doctor now necessarily a gentleman?

But should all this be true, which we rather doubt, even on grounds of self-interest the study we advocate will repay its students.

'The physician,' says Dr. Hooker[1] (for I must confess, though I have been reproved for it, I often prefer to give my thoughts in the language of others rather than in my own), 'should be something more than a mere doser of the body; mental influences are amongst the most important means of cure. A physician should not only have a full knowledge of mental philosophy, but he should acquire *practical skill in applying its principles*. The possession of this skill is one of the most valuable endowments of the medical art.'

Dr. W. Hooker on a physician's duties.

I venture to add that I think that the hindrance to this does not so much lie in the sordid depths to which the medical profession is said to have fallen, as in the tendency to the pursuit of science, which with some doctors seems almost the end in view, rather than, primarily, the cure of the patient.

Pursuit of science rather than cure.

It is true that Sir William Gull says: 'In clinical medicine the welfare of the patient, and not scientific aims, is alone before the physician.' But we fear that this is hardly true of all who practise medicine.

Condemned by Sir W. W. Gull.

Once this is really pressed home upon a man's mind, he does not stop to quibble or carp at

[1] Dr. W. Hooker, *Physician and Patient*, p. 214.

efficacious means as being unusual or outside his scientific boundaries. He understands that he has to enlarge these for the good of his patients, and to train his own mind to use its greatest powers for good both to the bodies and minds of the sick.

De Fleury on mind-culture.

'The culture of our minds,' says Dr. de Fleury,[1] 'is to be compared exactly with the training of the muscles. The start is, in truth, the only difficult task, the only painful moment; but the continuity of exertion carries with it, instead of exhaustion, the pleasure of action, of force legitimately expended, of balance regained. Training is, above everything, the possibility of action without becoming weary, and afterwards the intense satisfaction of performing deeds of which others are incapable. The moral and mental management of the sick is often much more difficult than the physical. A close study of the moral forces and of mental therapeutics in affections connected with the brain and nervous system is one of the necessities that the regular profession is still extremely deficient in.'

Dr. Hooker on the judicious physician.

'The judicious physician,' says the 'judicious' Hooker,[2] 'experiences much gratification in the

[1] Dr. M. de Fleury, *Medicine and the Mind*, p. 248.

[2] Dr. W. Hooker, *Physician and Patient*, p. 299.

mental management of the sick. I refer to all those multiplied and various mental influences which he exerts so silently, but so effectually, even in ordinary cases of sickness.'

A doctor can, at any rate, make a point of so disciplining and training himself as to infuse at least three ideas into the patient's mind at every visit:

Three ideas for the patient to grasp.

1. That the case has his whole and undivided attention;

2. That he thoroughly understands it; and

3. That he believes he can cure it, or, at any rate, takes a hopeful view of it.

There are, of course, in every doctor's experience sad occasions when the third, and sometimes even the second, is impossible. But these are rare.

Noble platitudes from 'The Young Practitioner,'

To this we may add some touching and noble platitudes from 'The Young Practitioner:'

'The science of medicine, contrary to the general belief, is not a gloomy, ascetic profession, but a bright, cheerful one. In alleviating pain, curing some and relieving other poor fellow-creatures, and ministering hope and comfort to their minds, you will be able to realise in some degree the great good, material and moral, which

your noble, humane, and beneficent profession enables you to confer on suffering humanity.'

which may do good.

The reiteration of true and pleasing commonplaces is not without its effect in calling afresh to our minds some needed but forgotten truths. But it must be remembered that 'ministering hope and comfort to minds' includes a little more than merely writing a prescription.

Value of directions as to details.

In the first place, but few doctors really understand the amount of hope and comfort that careful directions as to the details of life give. This power of attention to details is not always found in minds broad enough to grasp the case as a whole. Minds, as has been pointed out, are generally characterised by observation *or* imagination; and, our critics will say, ardent followers of mental therapeutics are pre-eminently gifted with the latter. The former quality gives accuracy in details, the latter broad and wide views. The combination is rare, and those who possess it are generally masters of their profession; and in nerve diseases this union is of especial value, because we must here, at any rate, have the broad as well as the accurate mind. The doctor who knows and sees that his patient is not disturbed at night after the last massage; who gives exact orders as to

Great minds often fail in this.

her detailed routine throughout the day ; who ascertains she is not roused and agitated by the noisy cleaning of grate and room early in the morning, will do much to ensure the general success of his elaborate treatment.

A capacity for taking pains and for arranging details of treatment may turn the scale from failure to success in a doubtful case.

'Unprofessional' professional visits.

Another point about 'ministering health and comfort' is that it leads a wise doctor to pay many visits where no prescription is written, and where the conversation is not necessarily confined to strictly professional topics. It is in these visits the doctor learns and does so much, as the unconscious mind of the patient displays itself without effort before him.

Family physician has unrivalled opportunities.

It is thus that a family physician who knows how to use his unrivalled opportunities has the greatest opening in the first instance for mental treatment. His blue pill may be useful, but his tact in encountering and discounting false notions and instilling healthy ideas is the most powerful remedial agent he possesses.

A healthy mind diffuses health.

A healthy mind, like a healthy body, diffuses health in a sick room.

Another qualification in the physician is

Value of patience.

patience, and this, I think, is different from mere endurance, and really depends upon the first quality—sympathy. It is only those who know the tortures undergone by functional nerve sufferers —the pariahs and outcasts amongst patients and doctors—and who feel for their sufferings, that can possibly put up with the trying nature of the sufferer and his multifarious and often apparently incurable troubles.

The lack of this virtue in doctors fills our holiday and health resorts abroad with patients sent there because the doctor could not stand the strain at home, and, recognising his resulting impotence, ordered travel as the best way out.

Value of tact.

Perhaps this question really depends upon the next great virtue, without which neurasthenics cannot be successfully treated, and that is 'tact.' Tact is the unconscious mental touch, the *tactus eruditus*, by which one mind feels another, and can convey to it, physically or mentally—skill, decision, and sympathy; and just as a physician's physical tactile sense is educated to discern much by mere touch, so can mental tact help the nerve doctor immensely along his difficult path. Take, for instance, the one question of whether to make

light of any particular symptom or to treat it quite seriously.

The answer does not in a neurasthenic in the least depend, as the doctor may naturally think, upon the amount of obvious physical bases upon which that symptom may rest, but on the effect on the patient's mind of his levity or gravity; and to ascertain this effect beforehand is the highest outcome of tact.

Sir D. Duckworth on management of sick.

Some little time ago, at Leamington, in connection with this subject, Sir Dyce Duckworth gave an admirable address[1] on the value of manner and management in therapeutics, from which I will make a few extracts:

'The management of a patient includes treatment in all its forms. It is possible to prescribe for, without being able to manage, the sick, but the results in such a case are not satisfactory. The patient may often be readily managed, but the practitioner fails to conduct him well through his illness. Again, the patient may be difficult to manage, and yet the practitioner, by tact and skill in management, may accomplish all that is needed (*jucunde*). This quality of clinical management has been of late facetiously termed a "bedside

[1] See *Lancet*, October 17, 1896.

A good 'bedside' manner.

manner," and it is not misnamed so long as it implies both correctness of mien and an absence of affectation. It may be affirmed with confidence that the most successful practitioners of medicine are those who best manage their patients. In discussing this subject we may first consider the characteristics of divers classes of patients, and, secondly, note the qualities that make for successful management of them in the practitioner. . . .

Sometimes artificial;

'The fact is, that we have to teach ourselves to manage our patients. Some men may carry into practice the precepts, and others may perhaps imitate the manners or peculiarities of their teachers. The latter proceeding may, however, very ill become the individuality of the imitator, and make him simply ridiculous. Many of us have witnessed, and laughed at, the actors in our profession who play such parts. Again, with much professional knowledge, some of us may fail altogether to acquire the power of managing our patients, and I much fear that examples of such inability are nowhere far to seek. Some general propositions relating to this subject may be laid down. As I have remarked, each of us has gradually to acquire the art of managing patients. . . .

'Therein lies part of the splendid catholicity

of our profession, and in all departments of our Hospital Schools of Medicine the student should learn good manners as well as good physic from his teachers.

'In considering, secondly, the qualities that command successful management of patients at our hands, I shall direct attention to such as I conceive to be important, if not essential. I lay particular stress upon a natural aptitude for the occupation of treating the sick. To practise it well a man must have an inherent love of his profession. I assume that the practitioner has been soundly trained in all branches of his art. I wish I could equally assume that his earlier and preliminary education had been in all ways adapted for his readier comprehension, not only of the difficult problems of medicine, but of many that relate to management. . . . sometimes natural.

'One almost always derives inspiration and satisfaction from consultations, and it is well to show that we have no fear of our work being reviewed by those whom we should regard as able to criticise it. Confirmation of our opinion can only increase our patient's confidence in us, and help us to conduct our cases more satisfactorily in all respects. To share responsibility, too, in the In favour of consultation.

treatment of grave cases is always a relief to men duly impressed with the seriousness of their calling. One hears of faults on the side of consultants. I do not say they do not exist, but I feel sure the consultant who commits them deliberately will have but a short-lived reputation in that sphere in which it should be his best ambition to shine—viz. amongst his professional brethren.

Unreasonableness of rich patients.

'It is not always easy to steer clear of difficulties with the better classes of patients. Many of them are disloyal to their advisers, and use them as much or as little as they choose. The loss is theirs, since they forfeit the best sympathies and efforts of their attendants, but they discover this too late. It is hard, too, to be patronised by the wealthy, who may be effusive and gushing when in sore trouble, but haughty and imperious when restored to health. Our course is to maintain our dignity and to remember always what is due to us as members of a great profession. It is not for us to fawn in any servile fashion, nor yet to submit to any measure of indignity. We must exhibit always the courage of our opinions, and stand firmly by what we believe to be right against all allurements and any fear of giving offence. We shall then hold our own and command respect.

Dignity must be maintained.

This will demand tact, but with this, supported by good breeding and well-controlled temper, we shall certainly win the day. We have to learn to be "all things to all men," without making any sacrifice of right principle. This can be done, and it is done every day by those who have well acquired the art of managing their patients.

Solemn medical drudges do not succeed.

'It is often a great advantage to be skilled and interested in matters outside our own sphere of work. Such knowledge and dexterity themselves often open the door to men whose professional knowledge may not be of the highest, but who commend themselves honestly and pleasantly on other grounds to their patients. They will often succeed better than the solemn medical drudge who is learned in the last new methods and reads little beyond medical journals and medical literature, old and new.'

Cause of scepticism.

Not seldom do we meet with scepticism as to the value of remedies and therapeutics. I regard such a condition (*ἀπιστία*) either in respect of worldly or spiritual concerns as a mental flaw somewhat akin to colour-blindness. We find some persons rejoicing in their disability, while others bitterly regret it. In any case, our duty is to act tenderly and to exhibit more, and not less,

robustness of belief in our own skill and our art.

Do not pose as a scientific man.

Such conduct on our part is sometimes contagious, and often actively inspiring in seemingly hopeless cases presenting this infirmity. This leads me to say that it is not our duty to pose at the bedside as scientific men. The physician is an artist whose skill is derived through various sciences from careful and accurate observation.

Do not lose your hold on the patient.

This skill is sometimes shown in managing, as Sir Dyce Duckworth points out, 'a wilful patient by falling in with his views, so far as is not inconsistent with the best interests of his case. Such a man will occasionally submit at once to treatment on lines which commend themselves to him and on no others. If the proceeding be in no way detrimental and not distinctly contra-indicated, we may now and then thus temporise, and lose no hold on the patient, whatever be the issue. He will probably, in the case of failure, submit more readily afterwards to orthodox treatment.

A wide knowledge of our patients necessary.

'A wide knowledge of our common humanity in all its aspects and workings is of much assistance in managing different classes of patients. It is necessary to know how our several patients live;

to know how they spend their days; how they eat, drink, work, and amuse themselves. I have known strange difficulties to arise from ignorance or misapprehension of some of these matters. It may lead to very undesirable prescriptions, both of food and physic, or of health resorts.'

Avoid all uncertainty

Again: 'Confidence may be gained, and is always strengthened, by a close and careful attention to the minutest details of the case before us. All hesitation and appearance of uncertainty is to be strenuously avoided. A medical man who cannot keenly regard his patient, eye to eye, with firmness and directness, is hardly likely to succeed. And no less must he similarly regard every one—relations, friends, or nurses—who are dependent on, and should be trustful of, him. With this must be associated gentleness, promptness of decision, a power of command, and a perfectly disciplined temper. All these qualities are requisite in those who have to guide and lead others—naval or military qualities we may call them—but always without any of the overbearing conduct of the martinet. Brightness and cheerfulness, without levity, are always of value in enlisting the sympathy of the sick, and the inlet of a little wit or humour on appropriate occasions does more good

without becoming a martinet.

than some remedies. Many men of excellent ability and professional skill fail to impress their patients favourably, because they lack all sense of humour, and have no power of command or of methodical adaptation of means towards the end in view. Their bedside manner is bad. They make their diagnosis and prescribe, but the patient and the attendants are left in uncertainty both as to the exact opinion formed and the precise methods enjoined by the practitioner. Casual directions, with permission to do this or that, or to take this or that, fail to impress anybody, and the result is unsatisfactory. Dogmatism, founded on sound principles, is as good for patients and their friends as it is for students in the lecture-room. We must be definite, and we must be lucid.'

As our knowledge of human nature grows, and as we gain insight into the varying environments, and try to realise the temptations of patients in the several social strata, we should become increasingly prudent and sympathetic, and thus see more clearly the line of tactical conduct requisite in each case.

All a physician says or does should be medicine.

Everything, indeed, a physician says and does in the sick-room is to be regarded as a medicine, and producing as real, if not as manifest, effects

upon the state of the patient as any of the drugs he administers.

Dr. Collins on the self-respecting physician.

'The self-respecting physician,' says Dr. Collins,[1] 'must, however, distinguish the mental factor from the physical agency in the means to which he has recourse. He must develop sufficient ability and knowledge to distinguish between the remedy through suggested value of drugs and other physical measures, and the hopeless credulity induced in such proceedings as mind cure through thought transference or the "telepathic action" of drugs.'

It is, indeed, these grotesque exaggerations that in our subject obscure so much of its truth.

Let your manner inspire faith.

One of the main objects in successful management of the sick is, as we have seen, to secure the patient's confidence. The psychical influence of the mental attitude thus established is one of enormous, though little understood, value in all therapeutic efforts. It is the attitude which best promotes recovery, and we gladly co-operate with it. But all people have not faith in us or in our arts. The power of keeping hope and confidence alive in the bosom of the patient and of his friends

[1] Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 143.

is a great one, and the look with which you meet them has much to do with this; a bright, fresh, thoughtful countenance, and an easy, cheerful, soothing manner infuse repose into your patient's mind, and carry him with you towards recovery.

Value of even a cheery word.

A cheery word sometimes rekindles the lamp of hope, and does the timorous and desponding as much good as a prescription; and it is your duty to gain and retain the confidence of your patient and his friends by all honourable means.

But much more can be done therapeutically by a skilled physician than giving mere temporary cheer.

Dr. Fleury on implanted ideas.

Maurice de Fleury enlarges on the value of an implanted idea:[1] 'Let us learn and remember that in the practice of life it is frequently possible to substitute a fixed idea for an absurd obsession, and excellent habits for the most deplorable whims. In this precisely the psychological treatment of indolence consists—this the patient task that the physician of strayed minds ought to undertake. You, who desire to learn the marvellous art of capturing minds, help your patient to choose an employment really in conformity with his vocation. Embellish the idea with every gem of hope that can be hung upon it; contentment with oneself,

[1] Dr. de Fleury, *Medicine and the Mind*, p. 243.

worldly importance of fame and fortune to be won. Talk of it constantly ; make it come back and back, like a *motif* of Wagner's ; press it upon attention by reiteration. Soon you will see the brain will allow itself to be caught ; it will not be able to do without that dear besetting idea. Lastly, when the idea has become clear, it will result in action.

How to implant them.

'Make it to be understood that the idea is for everybody ; that it is in the air, and may be snapped up by somebody else, if your patient does not make it his own at once. Thus it is that real advantage may be taken of our worst faults, vanity and jealousy, and that the fixed idea which is the malady of the mind may be changed into an element of creative energy. What a resource for the indolent and the weak ! '

Sir W. W. Gull's advice.

This long exordium gives us, I think, in a practical way, the best means by which Sir Wm. Gull's advice may be carried out. He says : 'The first duty of the physician is to encourage the hypochondriac to forget his woes ; but nothing is so difficult in practice : and that, for the best of all reasons. The sufferings are most vividly real, and it is almost impossible he should forget them till they cease.' [1]

[1] Sir W. W. Gull, *Collected Writings*, p. 301.

Dr. Moore on hope as the *elixir vitæ*.

Eloquence, indeed, is not needed to describe the mightiness of the therapeutic power of the bright rays of hope, from whatever dewdrop of an idea they may be reflected. Dr. Moore says:[1] 'She speaks for herself to every mortal, and supplies gratis to every sufferer a real catholicon and universal *elixir vitæ*. Like an angel, she can concentrate her healing virtue in a homeopathic globule, or diffuse it through all the living waters of the world. The multitudinous baths, douches, wet bandages, and cold draughts of hydropathic establishments are mesmerised by her touch.'

Never sow despair.

But if hope is thus powerful, and is often aroused in a patient from a word or look from the doctor, on the other hand despair and the idea of disease are introduced often with even greater ease into the patient's mind, and are often sown by the doctor entirely from his ignorance of the power of a look or word, coupled, perhaps, with a mistaken conscientiousness.

Evil suggestions by doctors.

'I have heard a patient say,' says Dr. Tuckey,[2] 'that she now had the headache the doctor asked her about last week, but which was then absent.'

[1] Moore, *Power of the Soul on the Body*, p. 367.

[2] Dr. C. L. Tuckey, *Psychotherapeutics*, 4th edit. pp. 12, 13.

Dr. Goodhart [1] mentions the case of an hysterical woman who consulted a doctor about her health. He examined her chest and thought he detected signs of phthisis, and expressed great surprise that she had no cough. Though up to that time she was free from any symptom of the kind, the suggestion was sufficient to excite a most troublesome and obstinate cough, which it was very difficult to cure. Dr. Goodhart cites this case as a warning to the practitioner against being too persistent in asking leading questions.

Professor A. Ford's remarkable case.

Professor A. Ford says: [2] 'During the summer of 1891, I met an attendant, K., from Würtemberg, while I was lecturing at Zurich, who had constant headaches for two years after a severe pneumonia. The physician there told him these headaches would never leave him, as they were an inheritance from his father, and he had never lost them, always feeling a dull pressure on the head. This showed the two years' headache was nothing else than the result of an unconscious suggestion of the physician. The man had only had the most temporary headaches before. I then told him definitely that headaches were not an inheritance,

[1] Dr. Goodhart, *Harveian Lectures; Common Neuroses*, 1891.
[2] Prof. A. Ford, *American Journal of Psychology*, vol. iv. p. 4.

and could easily be cured. Since then (four months) the chronic headache had disappeared. This case,' he continues, 'seems to be very instructive, because it shows how easily physicians, without knowing it, can produce sickness by pessimistic prophecies, by anxious looks or words. Thus are actual diseases suggested (unconsciously) by the physician. I myself,' he says, 'have committed the same fault. A female attendant suffered with pains in the stomach. I diagnosed and treated her anxiously for gastric ulcer. For months she kept her bed, and gradually recovered, with the stomach very sensitive for years. I have not now the slightest doubt that her long sickness was produced by over-anxious investigation and strict regimen.'

He commits the fault himself.

No doubt many who read this will feel rather uncomfortable as they recall how often they have said, 'Ah, yes; the heart is a little dilated; it may never be strong again.' Or, if they have not said this (a favourite utterance of a rather well-known physician), they have said something equally fatal to their patients.

How to sow hope truthfully.

What, then, are we to do? and how are we to sow hope in the minds of patients suffering from grave disease without sacrificing the truth? or, on

the other hand, how are we to avoid doing them a positive and possibly lasting injury by our candour?

Do not say a case is hopeless.

First seize upon and make a feature of every hopeful point. If you feel cure is impossible, neither promise it nor say it is hopeless; but dwell rather on the great alleviation and improvement that is possible. Our knowledge, after all, is not so certain and so positive that we are often justified in extinguishing all hope.

Do not promise more than you can perform.

We must never promise more than we can perform; but we may often leave the final issue vague, even where only one end is likely, and let events themselves foreshadow and prepare the patient for the final verdict. However, no amount of instructions and hints will meet the varied circumstances. The best service we can render is to point out the danger and injury of unconsidered and depressing speech, on the one hand, and, on the other, the value of the unconscious therapeutics of hope.

Dr. Carpenter on value of expectation.

Dr. Carpenter goes so far as to say that 'the confident expectation of a cure is the most potent means of bringing it about, doing that which no medical treatment can accomplish,' and this may be affirmed as a generalised result of experiences of

the most varied kind extending through a long series of ages.

Physical examination as a therapeutic agent

The physical examination of the patient constitutes another variety of therapeutics which may be called to a great extent unconscious. Only this very day it was my lot to have a patient sent to me from the north of England, and I found her confidence had been sapped and her malady confirmed wholly by the cursory and partial nature of the physical examinations previously made by medical men.

Lest this be taken as an instance of superior skill, let me hasten to add that the doctors were neither hasty nor careless. The neglect is often due to the extent and accuracy of the medical knowledge of the doctor, combined, however, with ignorance of unconscious therapeutics.

is little understood by doctors.

A physician would no doubt say that he makes all physical examinations to satisfy himself as to the presence or absence of disease. He little thinks that a great point about them is to satisfy the patient, and that the examination has not only a diagnostic value for the physician, but a therapeutic value to the patient. His *tactus eruditus*, his trained eye and ear may satisfy him in a moment one way or another; but it will not satisfy the patient, and this is a point it is well to

Examine for the patient's sake.

remember. For more than one doctor has got credit for too little skill when he really had too much—but not of the right sort.[1]

It is very foolish in these matters to put on the heavy scientific air and decline to play to the gallery or to descend to the level of the man in the street, when neither the one nor the other is demanded. All that is asked is that the science of unconscious therapeutics, which has such a powerful influence on your patient's health, be at least gravely and patiently considered.

Do not despise any means that helps your patient.

And now, a word as to suggestions. These, like nitrogen, can seldom be assimilated in a raw state, but are readily taken in combination. Hypnotism, however, is of doubtful benefit in most neurotic cases. Some patients of low mental calibre are benefited by the direct suggestion that they are rapidly getting well; more, however,

Suggestions direct and indirect.

[1] It is very curious, in this connection, to notice how gratefully and patiently the often perfunctory pommelling of patients by relays of students in the out-patient departments or wards of a hospital is not only borne but enjoyed by the sufferers. They feel not only a deep satisfaction at the attention their case is receiving, but the confidence it inspires gives an unconscious therapeutic power to any remedy prescribed that is of immense value. Compared with this display of force, the value of the skill of the trained physician, to whom a glance or a touch is enough, is at a heavy discount amongst the poor; and though he give the same prescription it may not have the same effect.

benefit by the use of means directed to combat the symptoms complained of, such as electricity, massage, drugs, exercises, &c., which, besides doing a certain amount of good directly, do still more by the suggestions they convey to the patient's mind, and also afford a rational prelude to an intelligible cure. They appeal to the patient's reason—or at any rate to that which passes under that name—and afford satisfactory food to the mind which finds a gratification in the use of extensive and elaborate means.

Every good physician uses suggestions.

There are two methods of suggestion open: a more active and talkative way, which turns the subject's attention to the desired point by direct suggestions; and a more passive and silent way, which attempts a general quieting of the mind, in which a new balance of impulses may be inaugurated, and the desire for normal functions may work itself up to increased influence. Every good physician makes use of these two means to increase the effectiveness of his remedies. At the right time, they are almost a substitute for all other aid, and in the mystical therapy of all periods through four thousand years they have here and there developed a high technique.

Much of the success of both methods depends,

of course, upon the ability of the transmitter to make the suggestions effective. His personal appearance and way of talking, his voice and temperament, must be persuasive, and his reputation and authority must reinforce the expectancy which prepares the inhibitions. Teachers and lawyers and ministers strengthen their influence by these silent servants of a dominant mind.[1]

Success depends on how they are made.

As I have already said, suggestions in the patient's ordinary state are greatly strengthened by adjuvants in the form of impressive means, more or less elaborate. In the hypnotic condition these are not needed, as the patient's unconscious mind is then entirely accessible.

Touch is often a material aid in the conveyance of thoughts, as wires aid telegraphy. In some cases a decided manner, with a hand laid firmly on the patient's arm, will enable him to assimilate suggestions otherwise inoperative.

Value of touch.

Sometimes, indeed, the beam of the scale of life and death is so evenly balanced that it will turn this way or that, according to the skill, or the want of it, that is displayed; and this not in the cases merely of nervous diseases. 'Patients suffering from organic disease often show marked im-

Suggestions may save life.

[1] See *Psychology and Life*, by Hugo Münsterberg, pp. 246, 247.

provement as the result of advice which can have no direct physical influence on the malady itself. It is ever for the physician to infuse hope into his patient, and call his attention to signs of improvement he may fail to see.[1]

The patient as a brother.

'Showing an earnest, anxious, gentle interest in the welfare of patients, as present in mind as well as in body, is another very strong faith-inspiring quality;—to assure a sufferer, in sincerity and kindness, that you will take the same care of him as though he were your own brother.'[2]

A good hint is, when remedies are used that are intended to act partly through the mind, to take care to look the patient earnestly and steadily in the face, and give precise instructions as to the time and mode of using them, and so greatly enhance their therapeutic power.

Dr. Rush's prescriptions.

Dr. Rush never prescribed remedies of doubtful physical efficacy in the various stages of acute disease till he had worked up his patients into a confidence bordering on certainty of their probable good effects. The success of this measure much oftener exceeded than disappointed his expectation.

[1] Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 141.

[2] *The Physician himself*, p. 46.

Closely connected with this confidence in the treatment of patients, and affording a personal illustration of its value, is the immunity from infection enjoyed by physicians and nurses; which is far more due to the preoccupation of their minds, leaving no room for selfish terrors, than to any precautions they may adopt. It is also partly due to the confidence begotten by long familiarity with, and exposure to, danger.

Cause of immunity from infection.

Dr. Weir Mitchell's hints in the management of a female patient are of value here. He says:[1] 'It then becomes the business of her physician to tell her what is real, what is unreal, what must be respected, what must be overcome and fought. She has acquired within herself a host of enemies. Some are strong, some are feeble. The hour for absolute trust has arrived, and she must now believe in her adviser; or, if she cannot, she must acquire one in whom her belief will be entire and unquestioning. She must believe you can succeed. This is a form of faith-cure which has other illustrations. You tell her that she must disregard her own feelings. She credits you with knowledge, and so wins her fight' (by obeying you).

Dr. S. W. Mitchell on management of lady patients.

Of course no strong or certain course can be

[1] Dr. S. Weir Mitchell, *Doctor and Patient*, pp. 131, 132.

A doctor must know his patient's mind.

taken by any physician in mental therapeutics until he has got a grasp of the mental condition of his patient. 'One must take into consideration the patient's temperament, his manner of life, his social scale, his personal and family history, his special beliefs, his likes and dislikes. Each physician will have to judge for himself how far he is willing to come down to the beliefs and principles of his patients.' [1]

On mental backgrounds.

Then, with regard to the state of the patient's mind, there is the question of mental backgrounds. The mental background is the unconscious standpoint that your patient occupies, and with which, as far as possible, your remarks and attitude should harmonise until you are able by degrees to change it. The permanence of the cure of a nerve patient often depends upon the extent to which you are able to change his outlook in life. And to do this you must first know it, and the figures and the language and arguments you use must fit in to some extent with the scenery of his thoughts—with the psychical plane on which he moves.

Varieties of backgrounds.

A mobile background to thought is a sign of mental health, and consists of mental scenery that

[1] Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 140.

can be readily shifted at will to suit the figures that have to move on the stage before it: as, for example, a religious background to the mind in church; a political one in the House; a medical one at a bedside. Without these appropriate settings the actions and words that are seen and heard seem uncongenial and *bizarre*. This we can all understand with regard to ourselves; but it is also so with regard to our patients. To regale with some music-hall story a religious enthusiast, to bore with small medical details a patient whose whole soul is wrapped up in music, to quote Browning or Ruskin to a fox-hunter, or talk horses to a city curate, may be illustrations of introducing ideas before incongruous backgrounds.

Mistakes from ignorance as to this.

I have said that a mobile background speaks of health; in the same way unstable backgrounds, that are ever shifting without the patient's will, tell of nerve weakness, and fixed backgrounds that never alter go with insanity. The mental background is simply the condition of the unconscious mind; and this knowledge of it is a great help to cure. Indeed, I find personally that it sometimes takes days to discover in a patient the background of his thoughts, but it is so important that one never feels one has begun to touch the

Fixed backgrounds mean insanity.

case mentally until it is ascertained; and when it is, a mutual confidence and understanding is established that is a great help.

I do not know that I have succeeded in making my idea clear, but I am convinced of its importance; and that until what I have called the mental background of the patient is manifest, the doctor talks to him mostly at cross purposes; and however good what he says may be in itself, it fails of its purpose because it is out of harmony with the patient's attitude of mind.

Doctor at cross purposes till he understands patient's mind.

This subject, amongst many others, appears to me to be one of those points connected with Unconscious Therapeutics of such interest and great value medically that it might with advantage be taught to the medical student. I feel sure that before long some definite move must be made to give to this science a recognised place in our curriculum; and we see in consultation every day, and hear from our patients, what an amount of suffering and mistakes occur from the ignorance that is allowed to prevail on the whole matter.

A good subject for study.

The proportions of the qualities of mind and body in people appear to be very different. Some seem two-thirds spiritual and one-third animal; and others seem to be but one-third spiritual and

Proportions of spiritual and animal.

two-thirds animal, between which are all intermediate grades. If you attempt to treat all these alike you will certainly fail.

Trouble with patient's friends.

It is in the different treatments required with regard to this point that one often finds so much trouble with the patient's friends, particularly if they are intelligent and have a smattering of medical lore. Accustomed only to medical routine, and utterly unaware of the delicacy of unconscious therapeutics, they find much fault if they see you apparently going with the patient's views, and seemingly fostering her peculiarities that you may firmly gain her confidence and work from and in harmony with her mental background until you gradually change it to yours, and with it the habits. They 'understood you always made the patient do what you wished,' whereas you appear to be letting the patient do what she wishes. Now, even to a medical man, this course may appear weak, simply because the whole matter is one he has never studied.

Change a background for permanent cure.

But, on consideration, it is clear that merely to change the patient's habits in harmony with *your* background of thought is of no permanent value. The point is, to change the patient's background or line of thought, and then the habits can easily be

altered, and altered permanently. But as long as the patient thinks her way is right she will relapse when she leaves you.

The training of the patient's mind is, therefore, a work of great value and interest, and well worthy of study, as on it often depends the permanency of the cure effected.

De Fleury on modifying the mind.

Dr. Maurice de Fleury says:[1] 'The human mind *may be modified.* If the stimulations of which I have spoken are methodical and of moderate instead of excessive intensity, you may attune the mind to gladness in life and love of work. Thus the task of the doctor moralist defines itself: it is to bring the brain up to the standard of moderate energy, and induce it to form the habit of remaining at that point. It is therapeutics dealing with the temporary weakness or more serious paralysis of our will, the great regulator of the human machine; disorder in love, disorder in work, insensate anger or vain sadness—these are the sins of enfeebled wills. If the hygiene which we desire succeeds in teaching men to live worthily and to work well, then it is in truth a sound morality; for, except loving and working, what is there of serious import here below?'

[1] Dr. de Fleury, *Mind and Medicine*, pp. 343, 356.

Speaking of indirect suggestion, one finds, curiously enough, that, given casually, it is often more effective than if earnestly made. A remark to a nurse or friend is often better than an exhortation to the patient.

Casual remarks often most effectual.

One of the most important forms of more direct suggestion, that can only be administered by a physician who is in the fullest confidence of his patient, is that which points out the evil, and the weakness, and the folly of that character of mind that feeds upon itself; and that draws out the mind to altruistic and worthy objects, and thereby alters the flow of the unconscious current of thought, which has been feeding the disease all through; and thus makes the subconscious mind itself undo the mischief it has done, and changes the mental background.

Moral suggestions only given by a trusted physician.

Some can do more, and can cure directly by bold assurance. A doctor who has the patient's full confidence may cure a patient by telling him he is cured. Such cases, however, are rare. Dr. Paul Edwards, of Paris, cures or cured his patients thus. The therapeutic force was in himself. But these are exceptional methods, and my desire is rather to write for the medical man generally.

The hardest patients to influence are those who

Sceptical patients hardest to cure.

Conceit a great evil in patients.

have lost all faith, and are without confidence in any one person or agent; and another very difficult class are those whose conceit and self-sufficiency are such that they know well that at all points their own judgment is better than yours; and that, though at times they may submit to your arbitrary and mistaken orders under protest, time will show you to be wrong and themselves to be right, which they take care it does.

A great deal of a patient's mental state is shown in his manner. When a patient speaks of his dreadful sufferings in a quiet, firm voice, and with no change of expression, it will be easy to form a judgment about him, and suspect incipient neuromimesis, or disease of the unconscious mind.

Sudden cure by direct suggestion.

Dr. Weir Mitchell writes:[1] 'Now and then you meet with cases in which, from sudden shock or accident, a woman is led to manufacture a whole train of disabling symptoms; and if in these instances you can convince her that she is well, and can walk, eat, &c., like others, you make one of those singular cures which at times fall to the lot of mind or faith curers when the patient has not had the happy fortune to meet with a physician who is intelligent, sagacious as to character, and has

[1] Dr. S. W. Mitchell, *Doctor and Patient*, pp. 134, 138.

the courage of his opinions. I could relate many such cases, if this were the place to do so; but all I desire here is to win the well woman and the nervously sick woman to the side of the physician.

'When you sit beside a woman you have thus saved from mournful years of feebleness, and set afoot to taste anew the joy of wholesome life, nothing seems easier than, with hope at your side and a chorus of gratitude in the woman's soul, to show her how she has failed, and to make clear to her how she is to regain and preserve domination over her emotions; nor is it then less easy to point out how the moral failures, which were the outcome of sickness, may be atoned for in the future, now that she has been taught to see their meaning, their evils for herself, and their sad influence on the lives of others.'

Quite easy in some cases.

I have spoken, in a previous chapter, of the *vis medicatrix naturæ*, and shown clearly how highly we regard it; but it can and must be aided frequently, and it is here the physician occupies his true place. Every physician should make an accurate study of the point where Nature ends, and where art must begin in the cure of the disease. We must learn to distinguish cases in which we can safely depend on Nature, from those

The *vis medicatrix naturæ* can be aided.

which Nature cannot successfully combat, and treat each accordingly; for, as has been well said, when we have learned to distinguish those that need an ounce of medicine and a grain of wisdom from those that need an ounce of wisdom and a grain of medicine, we may be said to have entered upon the path of professional success.

Proportions of wisdom and medicine.

On the other hand it is puzzling to observe how many men are doing fairly well who know nothing of all this. Our solution, of course, is, not that 'they do not know it,' but that 'they do not know that they know it.'

It is important in connection with this to remember that generalities and averages are but devices to help our idleness of thought, and that we never meet an average patient to whom book rules wholly apply—each of *our* patients, at any rate, is, curiously enough, a particular case.

Dr. Collins on treatment of neurasthenia.

'The physician himself,' says Dr. Collins,[1] 'is of the first importance in the treatment of neurasthenia—*i.e.* his personality. He should continually strive to lift his patient from the quagmire of despair and desperation into which he has been hurled by this dreadful malady. A

[1] Dr. J. Collins, *Treatment of Diseases of the Nervous System*, p. 420.

patient with neurasthenia should be examined and treated with the same attention to details as one with typhoid fever or endocarditis.'

Sir H. Holland on importance of details.

Details are of perhaps greater importance in nervous than even in other diseases. Sir H. Holland says:[1] 'The physician who leaves the bedroom of his patients, especially in cases of acute disorder, without attending to more than the prescription of medicine and diet, but very imperfectly fulfils his office. He is bound, further, to look to temperature, to ventilation, the state of the patient's bed, his posture, the needful change of clothing, the proper use of water, and the maintenance of quiet. These things are often passed over, and yet will do more towards the relief of suffering than a page covered with the best medical latinity.'

Formation of good habits in patient.

The formation of good habits in the patient is of great value in nervous cases, and especially the regulation of the bowels, by an action without aperients, at the same hour each morning. In my experience, apart from organic disease, this can always be obtained by the patient formation of the habit—a process taking from two to six weeks.

[1] Sir H. Holland, *Medical Notes*, p. 389.

In all cases it is most important to mould the treatment to suit the individual case, and not to expect the patient to be moulded to the treatment. But even with the greatest care the practitioner is repeatedly defeated by nervous influences, which he at first failed to appreciate; and gradually discovers that he succeeds by employing measures which act solely on his patient's mind.

Doctors to be avoided.

Weir Mitchell points out[1] that 'the doctor who gives much medicine, and many medicines, who is continually changing them, and who does not insist with care on knowing all about the patient's habits as to diet, meal times, sleep, modes of work, and hours of recreation, is, on the whole, one to avoid.'

De Fleury on doctors' weapons.

De Fleury adds: 'In neglecting the systematic and scientific employment of mental influence in the course of disease, medical practitioners throw aside a weapon for combating it, more powerful than all the drugs in the Pharmacopœia. It must be acknowledged, however, that the higher hygiene which I propose can only be exercised efficaciously by a *tête-à-tête* in the consulting-room of a specialist, and that it actually s lay confession without prestige and without poetry.'

[1] Dr. S. Weir Mitchell, *Doctor and Patient*, p. 28.

Conventional nerve treatment.

But, as a rule, by treatment doctors and nurses usually mean, in nerve cases, keeping the patient in strict order, making her forget herself, rousing her, and too often irritating her; whereas good moral treatment should before all things mean gentleness, cheerfulness, patience, the encouragement of the growth of the patient's will in a right direction, with enforcement of abject submission to the will of some one else, total freedom from all noise, fatigue, and irritation, and the constant presence of an improving influence and example.

The therapeutics of fear.

On the other hand, fear is in itself a great therapeutic agent; but is, like the salts of copper and other poisonous drugs, too dangerous for general use by medical men. Still, in some cases, fear in very small doses acts as a sort of mental digitalis. One golden rule of mental therapeutics may be here recalled, that the cure of the sick body or exhausted nerves must precede the cure of the sick mind; in fact, the physical must go before the psychical.

The value of a visit in itself.

With regard to professional visits to patients, we have already pointed out that, in special cases, visits may be paid mainly for the sake of the moral influence that the doctor exerts upon the

patient. The mere sight of the doctor is to many patients an agreeable and stimulating treat (of course it depends on the doctor), and has a distinct therapeutic value in the monotony of the sick room. A doctor who undervalues the worth of such visits forgets the therapeutic value of his personality; that, in some cases, outweighs any derived from his skill.

Olla podrida a good dish.

Finally, in concluding this chapter of '*Olla podrida*' (which, after all, is a good dish, though, like haggis, 'fine confused feeding'), I may say a little more about the value of a new unconscious curative agent from my own experience. I refer

Therapeutics of the clock.

to the therapeutic value of a striking mantel-piece clock (I say clock, in preference to watch, because it has a greater value; and I say mantel-piece instead of hall clock for the same reason; and I add striking as being of still greater efficacy). Sir Dyce Duckworth, without dwelling on the value of mental therapeutics, has pointed out its use by means of the clock in showing the great effect in cases of persistent vomiting in giving the liquid

In vomiting, constipation, delivery, &c.

food in teaspoonfuls every five minutes *by the clock*. If the patient is told that the food thus given with strict punctuality will be retained, and if he can see the clock clearly from the bed, it

will probably be successful, for at the exact time the subconscious mind enables the stomach, probably by some inhibitory power over the vomiting centre in the medulla, to retain food. I have found the greatest help from the clock in the feeding of infants, in the curing of constipation, and in the regulation of the pains in delivery, of which I have given some details elsewhere.

CHAPTER VIII

THE SECRET OF SUCCESS IN PRACTICE

I HAVE hitherto been considering and illustrating the theory and practice of Unconscious Therapeutics, both natural and medical, from many points of view. I have also glanced at the value of the doctor's personality, apart from his drugs, and considered from the professional and lay standpoints the value of his manner and environment.

So far, indeed, I may say that what I have written has been mainly in the interests of the patient, what I now write is more directly in the interests of the doctor, for in this chapter I consider a little, with the aid of some of our great leaders in the profession, the qualities which spell success in the medical world.

Written in the doctor's interest.

The proportion of men that attain success in medicine must be measured by the meaning I

Success in medicine.

attach to the word. If by success we mean earning a living, I may at once answer that a little more than one out of every two, almost three out of five, do this from our London schools. But if by success we mean distinction and cleverness, the proportion is hardly one in twelve of those who study for the profession, and about one in seven of those who enter the profession.

From this calculation it is obvious that six-sevenths of the profession, if not, indeed, too old, must still feel some interest in the question of real success in medicine, and may, I will hope, be ready to consider any practical suggestions that may help thereto.

Sir James Paget's proportions.

The following proportions of the various classes of professional success among the students at Bart.'s were, I believe, worked out by Sir James Paget.

Out of 100 medical students at Bart.'s, it was found, in after years, that $2\frac{1}{2}$ per cent. had become distinguished men; 5 per cent. were accounted clever men; 50 per cent. were earning a livelihood, but were not distinguished; 10 per cent. were struggling, but failed to earn a competence; 15 per cent. were absolute failures from various causes, and the rest had died or could not be

traced. He says,[1] after studying the careers of 200 of his students:

Sir James Paget on medical success.

'Nothing appears more certain than that the personal character, the very nature, the will of each student had far greater force in determining his career than any help or hindrance whatever.'

And it is the same now—for the times and the places and the work to be done, and its responsibilities, may change; but the value of personal character will ever remain the same, whatever may be the advances in scientific knowledge.

Personal character determines success.

It is indeed impossible to attach too much weight to such an important and authoritative utterance founded on such data. Such a remark alone is sufficient to justify the stress I lay in this book on the value of personality and upon unconscious therapeutics; and to endorse the importance of any and every effort to bring, to the knowledge of the physician—his own value. Only, here Sir James considers this personality, not as I have hitherto spoken of it in its importance to the patient, but in its value to the doctor himself, as bearing on and determining the man's success in life. In the conclusion he arrives at we see

[1] Sir James Paget, *Selected Essays*, p. 32.

that he does not give the palm to scientific skill, nor to profound knowledge, but to personal character as the great factor in success. Once more, then, I ask, is it extravagant to believe that some benefit to students would accrue if the subject of this book were included as a part of their professional education; and if, without sacrificing the scientific side, some slight allusion were authoritatively made to the moral, mental, and social qualifications of the practitioner?

The value of personality should be taught.

We must remember that such teaching is not unneeded. Quacks, or rather humbugs, of which I have spoken in Chapter II., are found in the profession as well as out of it. 'The quackery,' says Dr. Hooker, 'which is practised among medical men, is a much greater evil than that which is abroad among the community. I attack it, therefore, with an unsparing hand. In doing so I expose many of the tricks and manœuvres which are employed by those physicians who, pursuing medicine as a trade instead of a profession, study the science of patient-getting to the neglect of the science of patient-curing.' 'A mercenary "doctor,"' says Sir William Sanders, 'is indeed a creature abhorred of God and man;' but still, we may venture to observe, is not infrequently in favour

Quacks abound for want of such teaching.

Quackery inside the profession

is abhorred of God and man.

with women ; nor, obviously, is he unknown in the profession.

With all this we cordially agree, but we must remember that there are amongst us would-be purists, who, instead of merely hunting down such medical quacks on ethical grounds, pursue many of their colleagues vindictively, solely because they run counter to ancient professional lines of demarcation of crusted theories and of pharmaceutical therapeutics. There are many high (and dry) medical circles in which, even if nothing is said, a mild deprecatory air prevails when natural remedies are spoken of and lauded; while impatience, if not contempt, is hardly restrained if mental therapeutics be even alluded to.

Medical pioneers are not quacks.

The combined voice of the schools and their teachers, and that of some of the higher luminaries of the Physicians' College in favour of a merely scientific training, have, and rightly so, great weight in the profession ; and a large majority of medical men feel somewhat uneasy at dabbling in any lore that does not bear their *imprimatur*. It is thus that eminent men may become hindrances, in proportion to their position, if they do not possess that true greatness which can readily recognise as truth something which they may have never taught

Eminent men as hindrances.

or been taught themselves. It is thus, also, that centres of education may retard knowledge in certain branches of very real professional value, but which are as yet not officially recognised by them.

Such professional 'drags' as we have described abound, and are often much *en évidence* at the meetings of our learned societies. Their influence is often of use; it is of its abuse that we speak.

'The Young Practitioner' again.

De Styrap well remarks in 'The Young Practitioner:'[1] 'The skilful use of medicine is but one of the many elements that constitute professional skill. You must study mankind as well as medicine, and also bear in mind, when acting upon diseased bodies, that they are possessed with hearts and minds that have strong passions, warm sentiments, and vivid imaginations, which sway them powerfully both in health and disease. To be successful you should fathom each patient's mind, discover its peculiarities, and comport yourself in harmony with all its conditions. Let hope, expectation, faith, contentment, fear, resolution, will, and other psychological aids be your constant levers, for each may at times exercise legitimate power.'

[1] De Styrap, *The Young Practitioner*, p. 1.

There can be no doubt that the success or failure of a practitioner depends often just as much on his experience as a medical psychologist as on his skill in drugs.

The cause of perplexing successes

And is not this the real clue to much that perplexes us with regard to the success of our *confrères*? We often see, with surprise not unmingled with envy, some fellow-physician soaring above his friends, and we are greatly puzzled; for we well know that his professional knowledge of medicine is, perhaps, not so broad nor profound as our own, and yet his waiting-rooms are crowded, while ours are mostly empty.

Probably, with a professional charity that, alas! often thinks evil, we solve the difficulty by putting down his success to his cheek, or push, or advertising methods, all of which, of course, we scorn; or to some lucky fluke that has brought him into repute; in short, to anything and everything rather than to some power in himself, some quality or skill we do not possess. And yet the truth may be that his success is really due to the value of the unconscious therapeutics used by him in benefiting his patients' bodies through influencing their minds in various ways.

is the use of unconscious therapeutics.

Of course, the man himself may not know the

cause of his own success, for we are convinced there are to-day distinguished ornaments of our profession who are quite unconscious of the real agent that has placed them in their exalted position; just as there are, on the other hand, clever men who are equally unconscious of the real cause that has kept them in obscurity; and yet, surely, truths that have such far-reaching effects in our practice, and are such factors in our success, form an essential part of our medical knowledge.

Many do not know the secret of their own success.

Some may object that what we refer to are purely natural gifts, which a man either has or has not, and that it is useless to call attention to matters over which we have no control. But it is not true that we can acquire nothing during life besides what we possess from birth. On the contrary, not only can we, by use and wise direction, greatly increase what we have, but we can by practice make up for natural deficiencies in a marvellous way.

We *can* make up for natural deficiencies.

Some undoubtedly have the faculty, as we say, instinctively (which simply means by the action of the unconscious mind) of adapting themselves, in voice, manner, and expression, to the needs of the patient before them, so that these shall produce their highest therapeutic effects. And there can be no doubt that what is thus instinctive is at

Some have these qualities instinctively.

once more natural and more effective than what is consciously assumed. It is undoubtedly this natural gift that is the great secret of success. But the man who has not got this may do much to acquire it, once he grasps the value of his personality and of unconscious therapeutics.

Several of our wisest teachers have laid down, in connection with this, what they believe essential to success in medicine; and I will quote one or two. On October 1 last year Sir Charles Wyndham, himself a medical man, said:

Sir C. Wyndham on the medical man.

'The medical art is the minister and interpreter of man. Its influence over the lives, thoughts, pursuits, and desires thus laid before you will be enormous. You will be conversant with the simple annals of the poor and the inner lives of the great. You will be welcomed as a friend in the cottage, and you may stand on the steps of a throne—blessed by the lowly; desired, even sometimes feared, by the mighty. More to Louis XI. than all the remonstrances of his counsellors, the denunciation of his confessor, the relics of the saints, or the leaden images of the Virgin above his brow, was the uplifted finger of his physician. And the interaction of body and mind is such that no one can treat the one without treating the other too.

Louis XI. and his doctor.

'There have been some extremists who have held that all bodily states are pure creations of the mind; others that all mental states are merely products of the physical organism; or, as Condorcet tersely puts it, "Virtue is a gas and poetry a secretion." Each of these extreme theories has long since been discarded, and it is now recognised that by processes, mysterious in origin but discernible in action, mind and body determinate and mould one another; whilst the empire of medicine dominates both for the preservation of the lives and happiness of its subjects. In exact proportion, therefore, to the vastness and stringency of this empire is the responsibility of its administrators and the need for those essential qualities of watchfulness, tact, sympathy, and discretion.

Mind and body mould each other.

'But do not let this seduce you into even the faintest suspicion of misusing the dominion which you will necessarily possess over the lives and interests of those committed to your charge—whose habits, modes of thought, and human weaknesses will be an open book to you. It is because this danger is so insidious that the law in its wisdom has placed the relation of doctor and patient in the same category as those existing between the priest and penitent, the solicitor and client; not because

Relation of doctor and patient.

doctors, solicitors, and priests are dishonourable men or undeserving of grateful recognition, but because the mere existence and intimacy of the relation raises of itself the presumption of supremacy on the one side, subjection on the other. . . .

Moral requisites of the profession.

The moral requisites of your calling are summed up in the embracing virtue of loyalty—to your profession, to your patients, and to yourselves. No less exacting, however, are the demands made by your vocation upon the intellectual side of your nature. Never was there a time in the history of the healing art when greater alertness and versatility of mind were required by its practitioners to cope with the ever-increasing rapidity of development.'

Dr. Wm. Osler on medicine.

Dr. William Osler, at Toronto, on the same day, spoke in somewhat similar language to that of Sir C. Wyndham :

'Professional work of any sort tends to narrow the mind, to limit the point of view, and to put a hall-mark on a man of a most unmistakable kind. On the one hand are the intense, ardent natures, absorbed in their studies, and quickly losing interest in everything but their profession, while other faculties and interests rust in them unused. On the other hand are the bovine brethren, who think of nothing but the treadmill and the corn. From

very different causes—the one from concentration, the other from apathy—both are apt to neglect those outside studies that widen the sympathies and help a man to get the best there is out of life.

'Like art, medicine is an exacting mistress, and in the pursuit of one of the scientific branches —sometimes, too, in practice—not a portion of a man's spirit may be left free for other distractions; but this does not often happen. On account of the intimate personal nature of his work, the doctor, perhaps more than any other man, needs that higher education of which Plato speaks— "that education in virtue from youth upwards which enables a man eagerly to pursue the ideal perfection." It is not for all, nor can all attain to it; but there is comfort and help in the pursuit, even though the end is never reached. For a large majority the daily round and the common task furnish more than enough to satisfy their heart's desire, and there seems no room left for anything else.'

Dr. Mitchell on success in medicine.

Dr. Weir Mitchell writes,[1] as to natural remedies: 'It would, I think, be found that the best men of every time were most apt to consider with care the general habits of their patients as to exercise and diet, and to rely less than others on the mere use

[1] Dr. S. Weir Mitchell, *Doctor and Patient*, pp. 16, 38, 44.

of drugs.' With regard to personal qualities that lead to success he says:

No trifles to a successful man.

'There is a potent combination of alertness in observation with a never satisfied desire to know even the trifles of a case, which, with sagacity, gives a medical mental character as rare as it is valuable. For such men there are no trifles, and, on entering a sick-room, they seem to absorb at a glance matters which escape others, and yet to the end are still so quietly observant and searching that they never seem to be quite content with what they have learned. Not to know surely is to them a form of unhappiness.

Imaginative insight a factor in success.

'I know men who have never suffered gravely in mind or body, who yet have some dramatic power to enter into the griefs of others, and to comprehend, as if by intuition, just what others feel, and hence how best to say and do the things which heal or help. I know others, seemingly as tender, who, with sad experience to aid them, appear to lack the imaginative insight needed to make their education in sorrow of use to their fellows. There are times when all that men can give of sympathetic tenderness is of use. There are others when what you crave is but the outcome of morbid desires for some form of interested attention.

'You may ask too much, and every doctor knows how curiously this persistent claim for what you call sympathy does, as the nurses say, "take it out of a doctor."'

Dr. John Brown says of Sydenham:[1]

'As an instrument for discovering diseases I have never seen his perspicacity equalled; his mental eye is achromatic, and admits into the judging mind a pure white light, and records an undisturbed, uncoloured image, undiminished and unenlarged in its passage; and he has the moral power, courage, and conscience to use and devote such an inestimable instrument to its right end. It appears that physic is one of those departments in which there is frequent necessity for the exercise of an incommunicable faculty of judgment and a sagacity which may be called transcendental, as extending beyond the simple combination of all that can be taught by precept.'

Sir J. R. Reynolds on the true physician.

I close my extracts on this subject with the words of Sir J. Russell Reynolds, which are so helpful, so loftily conceived, and expressed with such felicity, that I quote them at some length, convinced that none can read them without

[1] Dr. John Brown, *Horæ Subsecivæ*, 1st Series, art. 'Locke and Sydenham.'

feeling their highest impulses quickened and strengthened.[1]

'You must take far other views than these, and see that, in each sufferer who may come before you, there is an individual history, as interesting as, perhaps more so than, your own; you must see that disease is something far more important and far deeper than an aching head, a hurried breathing, or a fluttering pulse; that disease is something much more serious than the mere interference with the mechanism of physical life; that the measure of its evil is, not the increased rapidity of pulse, not the daily wasting of the body, nor its numerical frequency in the bills of mortality, but the degree to which it so tells upon the mind, heart, will, and power of man, that it prevents him from doing that work in this world which it has been given him to do.

Disease never wholly physical.

'If, then, you would so learn of life as to alleviate its woes, you must not regard your patients as merely interesting clinical phenomena; you must not look on them as cleverly acting physiological machines, upon which you may experiment for your own diversion; you must not

You must treat the man.

[1] Sir J. Russell Reynolds, *Essays and Addresses*, pp. liv, 22, 43, 75, 241, 284, 306.

imagine that "cases" are brought before you for the purpose of illustrating books, or of proving so-called statistical laws; that diseases are existing for the sake of teaching you the long names which men have given them, or for the sake of establishing this or the other pathological opinion; that limbs have been created and broken that you may feel the crepitus of fractured bones; or blighted, that the surgeon may display his skill in their amputation.

'These principles you must learn by means besides those of chemical experiment and dissection; you must learn them in the hearts and lives of your fellow-men. You must come to know the meaning of the infant's look, to understand the tone and teaching of its cry. You must appreciate the patience and long-suffering of woman, and the hardihood and rough exterior of man. You must look and see beneath these, if you would measure the true degree of their affliction. You must learn to feel with and understand the feebleness of age, and gain all that is required for your ministration to its wants, from those hints that come to you through the failing powers and closing avenues of a soul that has for a long while battled with a world too rough.

Be human and not mechanical.

Value of true sympathy.

'True sympathy will reveal much to you that science cannot see; wherever there is life, there is your field of study; wherever there is suffering, there is your field of work; and truly to relieve its burden your spirit must be that of Him whose life was the perfect life—whose presence and word brought peace and health, and into whose work in this world it is our highest aim and highest dignity to enter.

Put yourself in his place.

'It is by knowledge and sympathy that the help is given. Like good actors, you must so throw yourselves into the mental and moral condition of those with whom you have to deal, that you think their thoughts and feel their feelings, and so understand their wants and try to fill them.

'Again, third, your knowledge and your skill must be always ready, not lying in dust-covered books upon your shelves, but always at your fingers' ends.

Physicians are born not made.

'Success will mainly depend upon yourselves. If it is true that the poet is born, not made, that dogma is quite as true with regard to the physician. You must be men that your patients and their friends can trust, and do so without knowing it. You must be calm, without indifference; judicial, without dogmatism; clear and ready, without

rashness; kind, but with both tenderness and firmness.

'You will gain your patient's confidence, I believe, by showing that you are more than a physician or a surgeon, and that will be by making him feel you are a man. This is not to be done by yielding to his fancies, nor by the assumption of either superhuman knowledge or any quite exceptional ability; but by simply showing that you know what he wants, that you can understand his sorrows, and will bring for their relief all that the knowledge of the time has placed within your reach. No one can help you much to do these things—you must learn the art yourselves; and I am sure that the most direct road to such learning is, first, to forget yourself; try and throw yourself into your patient's condition—for you can if you will—try to understand him and his surroundings, and ask yourself: What would be the thing said to you that would be the most helpful to you if you were in his place? And then, with the strength of your knowledge, gained by reading and experience, tell him that, and bid him God-speed.

Show yourself a man.

Forget yourself.

'I am sure that, in giving the help we hope and ought to give to suffering and sorrowing man, we shall do nothing worthy of the name unless we

realise, and that to the full, the importance of this factor (of religious faith) in our lives and theirs; and so guide its operation as to help it to hasten, subdue, control, and comfort those to whom it is the minister that they feel to be sent from God to help them in their passage through this region of passing shadows to that of realities which are abiding things.'

The essential factor.

There is one special ingredient of success of which I have spoken elsewhere, but to which I may again briefly advert. I refer to tact.

Sir F. Treves on the value of tact.

Sir Frederick Treves says: 'A man may possess all the learning that a well-equipped library may contain, and all the erudition attentive observation in the wards may bestow, and yet be short of complete success as a practitioner of his art. Absolute efficiency cannot be gauged by academic distinction, nor can it be discovered by the touchstone of the examination table. In the accomplishments of the most learned physician there may be one thing lacking, the need of which may stand between him and the fullest equipment for success, and that one thing is a tactful and a sympathetic knowledge of his fellow man. It is possible that a doctor may be acquainted with all that is to be known of the diseases of man, and yet know too

little of the man himself. Indeed, it is not too much to say that the highest qualifications of the practitioner of medicine are not to be represented by any university degree nor discovered by any system of inquisition.'

This tact, this knowledge of human nature, combined with wisdom, patience, and skill in dealing with disease, require far higher qualities than mere scientific attainments. There are, indeed, men of the highest scientific eminence who are rightly relegated to research and academic lives, for so utterly devoid of tact are they that to let them loose to practise upon their fellow-creatures would be little short of a crime. Tact by no means necessarily goes with the most powerful brain or the most extensive knowledge; it is, however, a first essential to success. Sir W. W. Gull may be named as one who was a past master in the art, and many other names will come to the minds of those who have been fortunate to mix with the leaders in our profession.

Tactless men should not practise.

Tact of Sir W. W. Gull.

Insight in discerning the keynote of the characters we have to deal with is of the greatest value in practice; but, on the whole, for those who may not possess this, it is comforting to reflect that, after all, sound judgment and common sense are

Value of insight.

the most pre-eminent qualities for a really reliable medical man.

Minor qualities may be added. Sir William Dalby says[1] that you will be a failure if you do not care for children, and there is much in this.

Command of facial expression.

Command over the expression of the face is one of these minor helps that may be named. When a patient makes an assertion which seems improbable, or even untrue, no sign of doubting his veracity should be given; one must be specially careful not even to seem to smile when obliged to hear the most grotesque comparisons made by the patient between his own sensations or pains and those which never have been, nor ever could be, experienced by any human being. The most grotesque assertions or statements, such as 'My liver stopped at half-past four this morning,' or complaints concerning 'haricot veins,' must be encountered with gravity and fortitude, and a kindly interest given to the most wearisome and pointless, and even nauseous narrations.

Do not worship the golden calf.

Such is the rôle of the successful physician; but he who endures it all merely for the sake of success will soon weary of it, unless he be an incurable worshipper at the shrine of the golden

[1] Sir W. Dalby, *Medicine as a Career*, p. 19.

calf; while he who sees that in all this he is subserving the highest interests of his patient, and, by winning his confidence and regard, is establishing a fulcrum from which he can work his lever of professional skill to lift the sufferer out of the slough of disease, will find nothing common or unclean, but will simply fulfil his duty with its high goal before him.

Successful men are not alike in their practice.

All successful doctors are not replicas. The very strength of their personalities which have raised them to the first rank have at the same time individualised them; for there are certain mental qualities essential to be a skilful physician. These qualities stamp their impress upon the practice of his profession, and give it its character. I have spoken already of the value of hopefulness to the patient. I may quote, in closing, some wise words of Sir Dyce Duckworth on the subject:[1]

Sir Dyce Duckworth on hopefulness.

'I speak next of hopefulness in the conduct of diseases as a necessary equipment of all who practise our art. We have—and always have had—optimists and pessimists in medicine. I commend neither mood, for it is certain that each may be the outcome of ignorance or inexperience. While

[1] Sir D. Duckworth, *British Medical Journal*, October 3, 1903.

nothing is more damaging to a man's reputation than an unfulfilled evil prognosis, it fares badly with him who, not having recognised indications of danger, has consequently raised false hopes; yet there is a measure of hopefulness which is always becoming in our duties, which is potent to inspire action and to secure the highest efforts of all engaged in the service of the sick.

'Those whose studies lie mainly in morbid anatomy and pathological processes may naturally be disposed to pessimism in medicine. We, who study disease in our fellow-creatures, are more inclined to hopefulness, for we, happily, can often recognise a residuum of recuperative power in the body and its organs which, though gravely disturbed, are yet capable of restoration to normal or, at least adequate, functions.

'Such hopefulness should be carried to the bedside of the patient, and its power is not small both in reinforcing remedial agents and in promoting recovery. With it lies much of the personal influence exerted by those who succeed well in practice, and the absence of it sometimes explains the failure of others, often able and accomplished, to impress or inspire their patients. Do not imagine for a moment that in thus urging a rational

and wholesome degree of hopefulness in our professional conduct I am approaching the subject of that pestilent nonsense called "faith-healing," which in these days of widely spread religious indifference is captivating many silly people. I am much mistaken if Lancashire wits and common sense pay any heed to this American importation. It is truly deplorable to find that the sacred name of Christian is claimed for this method by persons whose education ought to be a safeguard against such preposterous folly. Perhaps the explanation may be found in the sage remark of John Hunter that " everything new carries a greater weight, and makes a deeper impression on a weak mind." We shall do better to take to heart the words of Peter Mere Latham: "Medicine, as it begins to touch upon higher interests, even the interests of life and death, should feel itself in alliance with higher motives than any which can be thought to help and quicken its pursuit as a mere science. Medicine claims a sort of moral respect in the handling; it calls upon the conscience as well as the intellect for more caution to avoid error and more fearfulness of overstepping the truth."'

Hopefulness is not faith-healing.

There is no doubt this message of hope goes like a herald through all the lower regions of the

unconscious mind, and through it quickens the action, and probably the metabolism, of every cell. It has been well said that confidence gives rest, hope gives energy.

British Medical Journal on strength in medicine.

The 'British Medical Journal,' in an editorial comment on Sir F. Treves' Liverpool address, says :

'*Fortiter, fideliter, feliciter*—these three great words make a fine motto at the end of a finely conceived and finely written address. Of the three, we care least for the first. For there is a false strength that does more harm than good—the vanity and self-assurance of the man who loves to "manage the case by himself," who dislikes consultation, who "watches" cases that ought to have been subjected to a definite line of treatment days or weeks before. It is all very well to be masterful and positive ; but the best sort of strength is in the man who often asks for help, and, in the fight against disease, stoops to conquer.'

To become a typical clinical investigator, such as Sydenham and others, not only intellectual gifts but great moral qualities are necessary. Sydenham more than any other physician made his profession a part of his religion. Dr. Stephen,

President of the College of Physicians of New York, beautifully expresses this idea; and with his words I may fitly close this chapter: 'The vocation of the practising physician is the spirit of Christianity in action.' *Religio medici.*

CHAPTER IX

THE ACTION OF UNCONSCIOUS THERAPEUTICS

Dr. Ferrier's Harveian Oration.

BEFORE giving in this chapter a few instances of the action of unconscious therapeutics generally, I should like to extract from the Harveian Oration, by Dr. Ferrier, in 1902, an important record of the action of mind and thought on the blood vessels and heart:

'The most manifest organic expressions of emotion are those in the domain of the circulation with which, for the present, we are more immediately concerned. The observations of Binet and Courtier[1] show that every feeling, whether agreeable or painful, acts primarily as an excitant. The passage from the state of repose into the state of activity, intellectual or emotional, causes vaso-constriction. The stronger the stimulus, the greater the effect, and for this reason perhaps the more painful feelings and emotions, which can be more

[1] 'La Vie Emotionnelle,' *L'Année Psychologique*, 1897.

readily experimentally induced, cause more marked vaso-constriction than those that are more agreeable. The heart is accelerated, the respiratory rhythm is altered, becoming more rapid and more profound, with obliteration of the respiratory pause, and at the same time there is a general rise of blood pressure.[1] If the volume of the brain is simultaneously registered by the plethysmograph, as Mosso has described, and Brodie and I have verified, one observes almost constantly an increase. This seems to indicate that there is a relation of antagonism between the volume of the brain and that of the extremities. But this is not an absolute rule, for Mosso has observed that the oscillations in the brain volume do not in all respects run parallel to those of the extremities, probably owing to local variations in the cerebral blood vessels themselves.

On the effects of emotion on the circulation.

'Whether the quality of the sensation or emotion, as such—that is, whether it be agreeable or disagreeable, pleasurable or painful—is always associated with characteristic and uniform changes in the circulation, is still the subject of considerable difference of opinion.

'It is probable that the discrepancies are largely

[1] Binet et Vaschide, *L'Année Psychologique*, 1897.

Complex nature of pleasure and pain.

conditioned by the fact that the characters of feeling are, as maintained by Wundt, much more complex than can be expressed in simple terms of pleasure or pain. For, besides being pleasurable or the reverse (*Lust—Unlust*), feelings are exciting or soothing (*Erregung—Beruhigung*), straining or relaxing (*Spannung—Lösung*), and vary in intensity. And Brahm maintains[1] that each of these conditions has its specific influence on the circulation. Hence the results may so vary in different individuals that absolute uniformity probably does not exist.

Pleasure causes dilatation.

'Apart from the suddenness of the change from a state of repose to a state of activity—whether this be indifferent, such as mere surprise, or of a painful or pleasurable character—the balance of evidence is in favour of the view that pleasurable sensations and emotions are accompanied by vascular dilatation and low tension, while the contrary are associated with vascular constriction and high tension pulse. This is borne out not only by experiments on normal individuals,[2] but by obser-

[1] 'Experimentelle Beiträge zur Gefühlslehren,' *Philosophische Studien*, Bd. xviii. Hft. 1. 1901.

[2] Lehmann, *Körperlichen Aeusserungen psychischer Zustände.* 1899.

vations on the morbid states of joy and sadness in the typical forms of insanity.[1]

'The vascular dilatation of pleasurable states of mind is associated with a more active circulation and exaltation of all the vital processes—dynamic and metabolic; while the opposite condition obtains in states of mental pain. Conversely also, given the vascular and corporeal state, arising spontaneously or induced artificially, usually associated with any particular mood, trains of thought and states of feeling corresponding therewith are apt to arise in consciousness. This, in all probability, as Lange indicates, is the origin of the use of stimulants and nervines of various kinds, which all nations, and at all times, have discovered for themselves. That "wine maketh merry the heart of man" is only a more picturesque statement of the truth I am endeavouring to convey in more didactic style.

'Pleasurable and painful emotions are thus not merely subjective states of consciousness, but at the same time objective corporeal conditions of exalted or depressed vital energy respectively,

[1] Dumas, *La Tristesse et la Joie*, 1900; Broadbent, *The Pulse*, 1890; Maurice Craig, 'Blood-pressure Supply in Mental Pleasure and Pain' (*Dublin Journal of Mental Science*, February 1900).

which manifest themselves not only in outward attitude and gestures, but in the relative power of the organism to withstand debilitating agencies of all kinds. . . .

Emotions have more effect than feelings only.

'As all the emotions, however complex, are founded ultimately on the effective tone accompanying the exercise of the organs of sensation in all their relations, visceral and somatic, the emotional and sensory substrata are one and the same. And it is not improbable that each organ has its own affective tone, its own centre, and contributes its own share to the general emotional result. Whether the feelings are conditioned from within or without, by presentation or representation, the effect on the circulation is the same. That which seems to constitute the chief difference between simple feelings and emotions is the relatively greater influence of the latter as compared with the former. Emotions are unitary composites of simple feelings, and the resulting aggregate is much more powerful than any one of its individual elements. Fear, which is mental pain, causes greater acceleration of the heart, greater vascular constriction, and greater pallor than can be induced by mere physical pain. Not only is the circulation profoundly affected, but there is a tendency to irradiation

beyond the cardiac and vasomotor into all the splanchnic functions; so that we observe, *inter alia*, profuse perspiration, horripilation, and movements of the abdominal and pelvic viscera, which can rarely, if ever, be reflexly induced by any degree of peripheral stimulation. In its more intense forms it may for ever arrest the heart-beat, or so break down all the protective mechanism of the organism that flight, defence, or other means of adaptation are rendered impossible, and the animal falls an easy victim to the danger assailing it.

Fear may paralyse.

'When we inquire by what mechanism the centres of thought and feeling influence the heart and blood vessels—whether there are cortical, cardiac, and vasomotor centres, properly so called, or whether the cerebral hemispheres act only indirectly upon the cardiac and vasomotor centres of the medulla oblongata—we come upon a subject on which, in the present state of our knowledge, it is necessary to speak with caution, avoiding too confident or dogmatic assertion. Several observers (Schiff, Bochefontaine, Danilewsky, and others) have described variations in the rate of the heart and tone of the blood vessels as resulting from irritation of various portions of the cerebral hemi-

Mode of action unknown.

spheres, particularly the motor area, or adjoining region.'

This research, exhaustive as it is, stops at the question of detailed psychophysical action, and certainly falls far short of explaining, on psycho-physiological grounds, the phenomena I shall record. There can indeed be no doubt that until we have a far clearer understanding of the *modus operandi* of the unconscious mind in health, the method of interaction of mind and body, and the way in which the body as a whole lives, we cannot expect to understand the manner in which the stimulation of the mind in various ways can be made to arrest or undo morbid processes, and even to repair organic lesions. The use of unconscious therapeutics is, and must be in the present state of our knowledge, almost entirely empirical, being in this only on a par with a large variety of drugs and other therapeutical agencies.

We must wait for more light.

Speaking of the power of unconscious therapeutics, Dr. A. T. Myers says: 'In examining a patient in a modern hospital, we rely on observable and measurable facts, less on the patient's own statement of what he feels, least of all on his theories how he came to feel it. In doctoring him we rely much on definite operations, and on those

Dr. A. T. Myers on unconscious therapeutics.

few drugs whose action on the body we can prove; little on the patient's prayers for recovery, least of all, perhaps, on the encouraging words we throw in. Yet cures have always been effected by other than physical means. Either these can be referred to physiological means which have escaped detection, or they cannot, and have a psychical basis.'

Temperament affects mental therapeutics.

The effect on the patient's mind varies, of course, much with the patient's temperament, as, indeed, all know. Moreover, those acquainted with the natural history of disease know well that a particular malady in a patient of sanguine temperament may be looked on more favourably (for psychical reasons) than in one of a phlegmatic constitution. In the former case we can rely on a resiliency which will fail us at the critical moment in the other.

Still, in all there is some response to psychic measures; and yet, as Myers says, the physician, even if he uses these, generally despises them. 'The Young Practitioner' observes: 'New or novel remedies often aid the cure through mental influences. Many sound practitioners of the legitimate orthodox school prescribe valuable true remedies, but give them just as they would administer them to an animal; as if their only

Many sound practitioners condemned.

duty consisted in telling the sick what drugs to swallow; and they seem to despise the aid of faith, hope, and mystic expectation.'

Examples of unconscious therapeutics.

But to turn to examples of the force of unconscious therapeutics. Some of the following instances have been recorded before, but doubtless are new to most of my readers, and they could, of course, be multiplied many times from the experience of others. Indeed, we may say that there is not a single medical man who reads these pages, who has been in practice for any length of time, but can, if he will, adduce from his own experience decisive examples of the beneficent action of unconscious therapeutics.

A case of Sir T. Grainger Stewart's.

The following is a very interesting case. Sir Thomas Grainger Stewart says: 'In heart disease the most important element is rest. Second in importance is, perhaps, the element of hope. If a patient becomes persuaded that he may recover, that good compensation may be established, he becomes more hopeful about himself, and his heart benefits correspondingly. If a patient is gloomy and despondent, this damages the organ in a way we cannot at present fully explain.'

Lady cured by losing her reason.

A lady suffered from organic heart disease, and rapidly developed dropsy, from distress at the

misconduct of her husband, and was in imminent peril of death. At this crisis she lost her reason. The disturbing mental factor (distress of mind) being eliminated, the balance of the labouring circulation quickly righted itself.' This is a very remarkable and rare illustration of unconscious therapeutics.

Effects of joy and fear.

Emotions generally both cause and cure diseases. Joy causes and increases palpitation of the heart by intensified 'vital' action; terror does the same in another way, both being what Wundt calls 'exciting' feelings.

Death from fear.

As an illustration of what terror can do in inhibiting the action of the heart we may quote the case of the artillery recruit who died at Douai last year from a bath. He was in good health, but always declared a bath would kill him. Some comrades thereupon stripped him, and put him into the water. When he was lifted out he was dead, and a *post-mortem* revealed no organic cause of death.

As a general principle, as we saw in the Harveian Oration, pleasurable emotions increase the vital functions, and painful ones depress them.

The action of the heart is greatly affected by

Heart's action altered.

emotions through the sympathetic system; it is quickened or slowed, or even stopped, by mental shock, through the tenth nerve.

The movements of the heart are altered, and peculiarities of the beat are exaggerated, when attention is closely fixed upon it. There is little evidence, however, that mind can produce more than functional disturbance of the heart.

Some instances of feelings stopped or altered by mental action, mainly unconscious, may now be given.

Anæsthesia and hyperæsthesia.

Anæsthesia is common with melancholics; hyperæsthesia with neurotics. Both insensibility and pain are common in mental diseases.

Soldiers in victory remain practically insensible to cold and other painful feelings. Hunger and thirst are modified by the condition of the mind. Thirst is often removed by the attention being diverted. On the other hand, it is very common among soldiers at the beginning of a battle. Troops on active service seldom feel any pain in their wounds until the fight is over.

Pain inhibited by mind.

Carpenter says (and the writer can bear most emphatic testimony to the same fact) that he has often found in speaking, when suffering from severe rheumatic pain, that it has entirely ceased to be

perceived until he sat down, when it returned in full force.

Pains, it is well known, go when the doctor comes, and toothache ceases in the dentist's room. Dr. Carpenter discusses the question in such instances as to whether the pain has been consciously felt, though not remembered. He rightly considers this as a mere assumption; for, although changes may occur in the sensorium, they cannot be said to be felt without consciousness.

Dr. Carpenter discusses the *modus operandi*.

During the O'Connell agitation in Ireland, Lord Anglesey, who had suffered for years continuously from tic-douloureux, was quite free from pain.

Lord Anglesey's neuralgia.

A woman was brought on a couch into the London Hospital by two ladies, who said she had been suffering from incurable paralysis of the spine for two years; and, having exhausted all their means in nursing her, they now sought to get her admitted, pending her removal to a home for incurables. In two hours she was relieved by agencies which owed all their virtue to their influence on the mind, and I walked with the woman briskly up and down the waiting-room; and she then returned home in an omnibus, being completely cured of her paralysis.

Cure of hysterical paralysis.

An amusing case is that of a paralysed girl,

Also by a curate.

who, on learning that she had secured the affections of the curate who used to visit her, got out of bed and walked—cured; and afterwards made an excellent pastor's wife.

A remarkable instance of this sort of cure is that of a child afflicted with paralysis, who was brought up from the country to Paris to the Hôtel-Dieu. The child, who had heard a great deal of the wonderful metropolis, its magnificent hospitals, its omnipotent doctors, and their wonderful cures, was awe-struck, and so vividly impressed with the idea that such surroundings must have a curative influence that the day after her arrival she sat up in bed much better. The good doctor just passed round, but had no time to treat her till the third day, by which time, when he came round, she was out of bed, walking about the room, quite restored by the glimpses she had got of his majestic presence. How easily instances of the therapeutic value of the professional presence alone could be multiplied!

Also by doctor's presence.

I have already alluded to the following case, which I now give more fully:

Cure of obstinate constipation

A patient, about seventy years of age, came to me in deep distress about her obstinate constipation from paresis of the rectum, which was so

severe that every enema and pill had failed, and mechanical evacuation was the last resource. This condition had continued for some years, a trained nurse living in the house.

The patient was of exceptionally powerful mind and will, and remarkable intellect. Seeing this, I relied upon the clock as an efficacious aperient. I explained the power of an exact habit over the bowels, and told her she would be cured if at 9.30 exactly by the clock on the mantel-piece she sought relief each morning. She was at first aided artificially at the exact hour; but after a few mornings, when 9.30 arrived and she was taken out of bed, a natural action was obtained; only she sometimes wanted to relieve the bowels before the hour. This was never allowed; she was told that to be too soon would prevent the cure as much as being too late. At the end of six weeks the bowels were daily relieved without medicine, at half-past nine exactly, by the power of the unconscious mind; and at the end of six months she had never missed a day. She has now no further trouble. This is a remarkable instance of the action of unconscious therapeutics in the decline of life.

by the clock.

A young lady tottered into an out-patients' department of one of our large London hospitals,

Hysterical dysphagia.

not long since, followed by her mother in an agony of mind, having an open tin of 'Brand's' in one hand and a spoon in the other. She had brought this because her daughter was dying from a contraction of the gullet, and she wished to show us that not even a little jelly could be swallowed.

The girl was reduced to a skeleton, and would certainly have died from neuromimesis if not relieved; for there can be no doubt that people die solely from hysterical affections, though some may question it. After using appropriate means to affect the mind indirectly, in about half an hour the patient was sitting in one of the wards eating a large plateful of boiled mutton, potatoes, and turnips, with 'hospital pudding' to follow.

Cured on the spot.

It is cases like these, when seen by men wholly ignorant of the powers, and perhaps of the existence, of the unconscious mind, that are necessarily considered fraudulent and the patients 'malingerers.'

The 'Lancet' records a case of Dr. Barkas's, of a woman (58) with supposed disease of every organ, with pains everywhere, who had tried every method of cure, but was at last experimentally cured by mental therapeutics, pure and simple. Assured that death would result from her state,

Cure of many diseases by pure water

and that a certain medicine would infallibly cure her, providing it was administered by an experienced nurse, one tablespoonful of pure distilled water was given her at 7, 12, 5, and 10, to the second, with scrupulous care; and in less than three weeks all pain ceased, all diseases were cured, and remained so. This is a valuable experiment, as excluding every material remedy whatever, and proving that the mental factor alone can cure as well as when it is associated with material remedies. This incidentally gives also another illustration of the therapeutic power of the clock.

without any material remedy.

Kant was able to forget the pain of gout by voluntary effort of thought; but it always caused a dangerous rush of blood to the head.

Kant could forget gout.

Braid's able experiments in hypnotism prove that every variety of feeling may be excited by the mind, 'such as heat or cold, pricking, creeping, tingling, spasmodic twitching of muscles, catalepsy, a feeling of attractive or repulsive sights of every form and hue, odours, tastes, and sounds in endless variety, and so on, according as accident or intention may have suggested them.'

Bouchet tells us[1] that the physicians of Mont-

[1] Moore, *The Power of the Soul over the Body*, p. 369.

Cruel death of a criminal from fright.

pellier had two criminals delivered to them every year, after the horrible Roman fashion, for vivisection. On one occasion they tried what effect would follow from mere expectation of death in a perfectly healthy person. They told the subject of their experiment that they would take the easiest method of destroying his life by opening his veins in warm water. They therefore blindfolded him, set his feet in water, pricked instead of lancing them, and then continued to speak to each other as if they saw the life and blood ebbing together. The man sat still; when they uncovered his face, he was dead.

I have given some similar cases in the 'Unconscious Mind.'

Powers of the unconscious mind in hypnotism.

By hypnotic suggestion blisters on the forehead have been produced by stamp paper.

Again, two blisters, one upon one arm and another on the corresponding part of the other arm in the same individual, have in this manner been produced, but with the suggestion that one would rapidly heal without pain, while the other would become inflamed and painful; and the suggestions have been perfectly carried out.

In arresting slight hemorrhage mental shock is

undoubtedly efficacious, and a living toad or a cold doorkey is successful in stopping it.

Unconscious mind stops cough.

Will power, consciously exercised, often fails to act, but cures if unconsciously exerted. For example, I had a young niece with a most obstinate hacking cough. One day, when I took her to the Crystal Palace, I found that no effort of hers, even assisted by vigorous scoldings, served to stop her constant coughing. Coming home, however, the novel plan of offering one penny for each station she reached without coughing was entirely successful all the way.

Rheumatism cured by unconscious therapeutics.

Dr. Buckley records the following case. A doctor was called to see a lady with severe rheumatism, and tried to extemporise a vapour bath in bed with an old tin pipe and a tea-kettle; and only succeeded in scalding the patient with the boiling water proceeding from the over-full kettle through the pipe. The patient screamed, 'Doctor, you have scalded me!' and leaped out of bed. But her rheumatism was cured, and did not return.

Psychic cures at Nauheim.

Speaking of cures of rheumatism and heart disease at Nauheim, Dr. Leith, in his lectures at Edinburgh, in 1896, on pathology, was 'inclined to doubt whether all the benefits of this spa were not,

after all, to be explained largely, if not entirely, by the influence of the mental factor,' a suggestion, however, which, with all my bias, I cannot altogether accept.

Unconscious therapeutics in surgery.

At the annual meeting of the British Medical Association in 1902, the following suggestive table of the action of unconscious therapeutics in supposed uterine disease, was given (published in the *Journal* on October 11, 1902):

1. Abdominal section; no disease found; patient informed; nothing removed; patient apparently cured.

2. Abdominal section; tuberculous condition; nothing removed; patient apparently cured.

3. Abdominal section; fibroid condition (uterus, ovaries, or other organ); nothing removed; patient apparently cured.

4. Abdominal section; no disease found; nothing removed; patient not informed; patient apparently cured.

5. Abdominal section; no disease found; patient and friends informed; patient apparently not benefited.

6. Patient under anæsthetic; no section done; patient apparently cured.

7. Abdominal section; appendages removed; patient apparently cured.

8. Abdominal section; uterus removed; patient apparently cured.

9. Abdominal section; appendages removed; patient sent to asylum.

10. Abdominal section; uterus removed; patient sent to asylum.

11. Abdominal section; tuberculous condition; nothing removed; patient not cured.

It will be seen in cases 1–4 the patient was apparently cured by the mental effect of the abdominal section. In case 6 by the mere anæsthetic and the idea of abdominal section. In 7 and 8 something was done; but it is open, of course, to question, in the light of 1–4, whether the patient would not have been 'cured' without.

What does 'cured' mean?

I have put 'cured' in inverted commas, because here, and throughout, the word is used to mean the cessation of all symptoms, not necessarily the complete restoration of the organic condition. After all, this is a cure; for an organic change that produces *no* symptoms is, to the patient, non-existent. Many doctors, as I have shown, set up 'diseases' or symptoms by calling attention to some organic defect that hitherto has produced no inconvenience.

CHAPTER X

ON THE STUDY OF UNCONSCIOUS THERAPEUTICS

I SHALL in this chapter in the first place look a little at the vast amount of exaggeration, and in some cases fraud, which is so mixed up with the science of Mental Therapeutics, and constitutes, undoubtedly with many, a drawback to its study. I am persuaded this is due, to a large extent, to the fact that this science is nowhere systematically taught, and so cause and effect form a vicious circle. The vicious circle is a familiar phenomenon in hysteria. In this case an important subject is not taught because surrounded by fraud, and it is surrounded by fraud because it is not taught. It is discouraging that this state of things should be possible in this twentieth century; the difficulty should but serve as an incentive for study if rightly considered; for neglect of study because of fraud is a very poor excuse, and fraud because of ignorance is the natural sequence. There can be no doubt that

The vicious circle.

Study of mind is the remedy.

in the radiance of the true light false lamps pale and vanish. Quackery will and must continue to flourish as long as the profession ignores and refuses to teach this great branch of the healing art. On the other hand, in proportion as it is intelligently taught, and its laws and their limits ascertained, the fictions and frauds which have so largely obscured the subject will disappear, or at any rate lose much of the power they have at present with intelligent people.

Science will displace superstition.

I shall subsequently speak further of the needs of study and teaching on the subject, and of methods by which unconscious therapeutics may be learned.

The following *exposé* will give some idea of the amount and variety of the quackery with which our subject is at present encumbered, and is of especial interest, as all through the reader cannot fail to observe that the truth is continually appearing through clouds of folly and exaggeration.

A general *exposé* of quack methods.

Speaking ironically of some extravagances of mental and spiritual science (so called), a well-known writer says :[1]

'One group proceeds as follows : First, the human mind must somehow be able to perceive

First group.

[1] Hugo Münsterberg, *Psychology and Life*, pp. 232, &c.

in an incomprehensible way the ideas and thoughts of others. By gradual approaches this telepathic talent seems also connected with the power to have knowledge of distant physical occurrences; and if our concessions have reached this point we ought not to strain at the little addendum, the vision of the future.

Second group.

'A second group of mystical powers may be formed by the corresponding active influences. In an inconceivable way, it is assumed, the human mind can control the thoughts and actions of others; and here, again, small steps lead soon to greater and greater mysteries.

'With another group the mental influence may reach not only the soul, but also the body of the other person, and may restore his disturbed health; even a child may produce such metaphysical healing of consumption and heart disease, cancer and broken legs. The mind which by "love" brings together the fragments of a neighbour's broken bones ought surely to have no serious difficulties with the movements of inorganic bodies; at the bidding of such a mind tables fly to the ceiling, and a little stick in the hands of a weak woman cannot be moved by the strongest man.

Third group.

'A third group refers to the functions of a

deeper self, which is usually hidden under our regular personality. In the most different trance states, in crystal vision and automatic writing, this mysterious self appears and remembers all that we have forgotten, knows many things that we never knew, writes and acts without our control, and shows connections which go far beyond our powers, and mostly even beyond our tastes. Nearly related to these facts is a fourth circle of mystical doctrines, which deal with the psychical deeds of human spirit after the earthly death.

'We must carefully consider where the mystery begins. The attitude of common sense, however, must not be allowed to dictate this line of demarcation; otherwise the psychologist would be bound to denounce all facts which are rare and surprising to the native consciousness, or incapable of explanation to the *dilettante*.

Fourth group.

'. . . We may pass on to another main group of personal influences, the therapeutical ones. The man of common sense is more suspicious of fraud in this field than anywhere else, and yet the psychologist must here concede if possible a greater part of the claimed facts than in the other domains of mysticism. He will reject a good deal, it is true, and in acknowledging the rest of the facts he

will not think of committing himself to the theories; yet he must feel sorry that truth demands from him the acknowledgment of anything, not because he thinks himself bound to advertise the regular practising physician, but because he knows how these facts carry with them a flock of contagious confusing ideas.

Modern methods of suggestion.

'To-day the passive method of indirect suggestion is the vehicle of the Christian Scientists and metaphysical healers; the active way of more direct suggestion belongs to the mind curers and mental healers.

'To murmur the Greek alphabet with the touching intonation and gesture of supplication is as strengthening for the health as many of their invocations for the man who believes in the metaphysical cure; it may be quite unimportant whether the love-curer at his bedside thinks of the psychical Absolute, or of the spring hat she will buy with the fee for her metaphysical healing. From the psychological point of view, the direct method and healing by love are thus almost identical; both are confined to the narrow limits within which the nervous system influences the pathological processes.

'If the glaring light of criticism is thrown on

the twilight literature of mental healers, the effect is often surprising. Some of the "facts" prove to be simply untrue, having grown up through gossip and desire for excitement, through fear and curiosity, through misunderstandings and imaginations. Another set of the "facts" turns out to be true, but not mysterious; being merely a checkered field of abnormal mental phenomena, such as belong to hypnotism, somnambulism, hysteria, insanity, hyperæsthesia, automatic action, and so forth.

Light on quack literature.

'Another large group is based on conscious and unconscious fraud, from the mildest form down, through a long scale, to the boldest spiritualistic forgery, such as described in Robert Browning's "Sludge the Medium." If we take away these three large groups, there is a remainder which may deserve discussion as to its interpretation.

'Consider how, again and again, the honoured leaders of mystical movements have been unmasked as cheap impostors, and their admired wonders recognised as vulgar tricks; how telepathic performances have been reduced to a simple signalling by breathing or noises; and how seldom disbelievers have interrupted a materialisation *séance* without putting their hands on a provision

of beards and draperies. Think of all this, and the supposed facts dwindle more and more.

Quacks quarrel among themselves.

'These claims to mystic powers have been different at different periods and in different nations, and are still so divergent that no scientist can contend more sharply with the mystical creeds than they contend with one another in the different sets to-day. The telepathists annihilate the theosophists, and the spiritualists belittle the telepathists; and when the Christian Scientists and metaphysical healers on the one side, the mind curers and the faith curers on the other side, have spoken of each other, there remain few abusive words at the disposal of us outsiders.'

A residuum of truth beneath it all.

There is no doubt, as the writer says, that there is a residuum of truth in all this fraud, and truth is ever precious; and gold is not the less gold, however it be mixed with dross. I have already endeavoured to give the facts which show the power of unconscious therapeutics in medicine, and they are few and simple.

But the fancies and fictions that surround and distort them are innumerable. Amongst these we may include a very large batch from America. One would suppose superstitions and credulity would flourish rather amongst the old and effete

nations of Europe than amongst the young and vigorous sons of freedom in America. But it is not so; for prolific and novel forms of faith healing, mind healing, higher health and higher thought healing, Christian and mental science healing, spiritualistic and hypnotic healing, coupled too often with the grossest exaggerations and absurdities, we have to go to the United States of America. We have a few indigenous growths, but they are sickly and respectable compared with these outrageous Transatlantic products that flourish like the green-bay tree.

Quackery flourishes in America.

Quack remedies, as a whole, are, naturally, divided into two classes, the older and more respectable in some ways being represented by patent medicines, any psychic element being kept in the background; the newer is profoundly psychic, and includes all sorts of (American) science schools.

Quackery of two kinds.

With regard to the former, Dr. Hutchison made some interesting remarks at the London Hospital, from which we make a brief extract:[1]

Dr. Hutchison on patent medicines.

'He advocated a Committee of the British Medical Association to inquire into the composition of these so-called remedies, and to expose them.

Futile remedies.

'In the meantime, however, they must all do

[1] See *British Medical Journal*, December 26, 1903.

what they could in their private capacities to fight the evil. The public looked to the medical profession for guidance in these matters, as in everything relating to health. If necessary, the public must be educated in the elements of physiology, and the process must be begun in the higher ranks of life, for quackery was not confined to any particular section of the community; it was certainly as rife in Belgravia as in Bethnal Green. The upper classes, the so-called cultured classes, believed in patent medicines and quackery to an extent which was almost incredible. Dr. Hutchison concluded his lecture by pointing out that it ought never to be possible for a patent medicine vendor to say with truth that he had succeeded in curing a case where a doctor had failed. That meant that practitioners must give more attention to the treatment of disease, and particularly to the treatment of minor ills, than they did at the present time.'

Compositions of quack remedies.

The following particulars were given by Dr. Hutchison as representing the approximate ingredients of various patent and proprietary preparations:

Beecham's Pills: Aloes, ginger, and soap.

Bile Beans: Cascara, rhubarb, liquorice, and ol. menth. pip., coated with gelatine.

Cockle's Pills :
Barclay's Pills : } Aloes, colocynth, and rhubarb.

Carter's Little Liver Pills : Podophyllin (gr. $\frac{1}{8}$) and aloes soc. (gr. $\frac{1}{3}$) in each pill.

Holloway's Pills : Aloes, rhubarb, saffron, Glauber's salts, and pepper.

Page Woodcock's Wind Pills : Aloes, ol. carui, and soap.

Eno's Fruit Salt : Sodium bicarbonate, tartaric and citric acids.

Lamplough's Pyretic Saline : Citric acid, with potassium and sodium bicarbonates.

Keating's Cough Lozenges : Ipecacuanha, lactucaria, squill, liquorice, tragacanth, and sugar.

Owbridge's Lung Tonic : Balsam of tolu, oil of aniseed, and oil of cloves.

Trilene Tablets : Sugar and a vegetable constituent of unknown nature.

Mrs. Allen's Hair Restorer : Lead acetate, milk of sulphur, scented with oil of cinnamon.

Tatcho : Purified oil of paraffin and essential oil of lemon.

Koko : Borax, glycerine, and rose water.

Cuticura : Vaseline and oil of bergamot.

Homocea : Camphor, oil of cajuput, and lard.

St. Jacob's Oil : Oil of turpentine, ol. succini, soft soap, and capsicum.

Lineel Liniment : Zinc and magnesium chlorides, with glycerine.

The means Dr. Hutchison suggests for lessening this old-fashioned quackery are, it will be

Physiology and careful treatment proposed remedies.

seen, two in number, and both equally futile. The one is the better education of the public in physiology; the other that the doctors should pay more attention to treatment, especially of the minor ills.

Is this, then, all that medical science can suggest as a prevention of quackery? Mrs. Partington with her broom for the Atlantic was as efficient.

Why, the public know quite enough (some think too much) about physiology as it is, and they who know most are often the quack's best customers; and as for the profession, surely they do not relish Dr. Hutchison's suggestion that they do not pay enough attention to the treatment of minor ills, or echo his belief that, if they did, fewer quack pills would be sold.

Dr. Hutchison rightly enough lays down the law that no quack should be able to say he had succeeded in curing a case when a doctor had failed; but they do, and will, as Sir James Paget well pointed out, until some remedy less trivial than those here adduced be suggested.

No allusion to the real force that cures.

Dr. Hutchison makes no allusion whatever to the force that alone gives vitality to quackery. Let me ask him three questions on certain patent medicines he has analysed.

In the cases of Beecham's Pills and Lineel Liniment does he believe— Questions to Dr. Hutchison.

(1) That *all* the testimonials to their remarkable virtues are fraudulent;

(2) That those cures that are genuine are pure coincidences, and not 'cures;'

(3) That aloes, ginger, and soap, or zinc and magnesium chloride, prescribed by himself, would produce the same effects?

These are the only three possible alternatives to the man who rejects the psychic; and a negative is the only answer to all three.

The chief power in patent medicines is the effect on the unconscious mind (through consciousness) of the advertising and repute of these remedies, and the cure of quackery lies in the scientific education of medical men in these powers, and the use of them for cure in a legitimate way. The longer they ignore them, the better for quackery.

With regard to the second class of various schools of healing science (American), a recent writer in the 'British Medical Journal' reviews them as follows:— The second class. *British Medical Journal* describes them.

'We live in an age in which there is not only a survival of superstition and a belief in the occult and in quackery of all descriptions, but in an age

in which there has been a positive revival of an hysterical form of occultism, a jumble of pseudo-science and irreligion. Faith-healing, of which so-called Christian Science is the type, is a money-making concern, and a diploma from a college of psychic healing can be obtained after a course of study not extending beyond three weeks; in some circumstances in three days.

'Medicine and religion in remote times grew up side by side, and their exposition was in the hands of the same individual—the priest-doctor. A belief in the occult was therefore a factor in each. Even Hippocrates, who was the first to attempt to put medicine on an improved basis, jumbled fact and fiction and fable in the humoral system of pathology. Every physician claimed to be a miracle-worker in a small way, on the strength of cures effected through the influence of the mind on the body—that was, by suggestion and expectant attention. . . .

Historical retrospect.

'The morbid influence of occultism, which to some extent declined in the time of Galen, began to luxuriate again in the Dark Ages in association with alchemy, astrology, necromancy, and religious superstition. Faith-healing, touching for king's evil, mesmerism, homœopathy, and clairvoyance

kept occultism going from the time of the Stuarts to the end of the eighteenth century, and the nineteenth century was remarkable for the revival of the belief in spiritualism, mental telepathy, and "divine healing."

Reasons given for success of quackery

'Quackery, as represented by fraudulent institutes for the deaf, the sale of ear-drums, and of panaceas for every ailment under heaven, appeared to prosper as of yore, and would continue to do so whilst the majority of mankind were unthinking in medical matters, and unable to throw off the occultism of the nursery.

'Unfortunately, the supporters of quackery, Christian Science, occultism, and all forms of medical heterodoxy were found as often in the castle as in the cottage.'

I consider in this last paragraph but one, the writer in the 'British Medical Journal' has completely missed the real cause of the continuance of quackery. It is not due to the fact that 'the majority of mankind are unthinking in medical matters, and unable to throw off the occultism of the nursery,' at all, but to quite a different reason.

are not the real causes.

Quacks would soon disappear if they could not cure.

Quackery, as I have pointed out in a previous work, would soon come to an end and fade away before the spread of knowledge, and the decay of

superstition, under the fostering care of the School Board and our higher educational system, but for one thing. It can show real cures, both undeniable and numerous, in spite of the vast number that may not bear scrutiny.

This the physician cannot, alas! deny, though he may deplore it. After allowing full discount for forged and false testimonials (which are not so numerous as supposed), for purely imaginary diseases and the credulity of mankind, and even for the lesser functional disorders, there remains behind a large residuum that cannot by any ingenuity be explained away.

Case of rheumatism cured.

At any rate, the public believes it has suffered from some disease, say, rheumatism, for which, in the ordinary course and the absence of the quack, it would have gone to the nearest doctor; with the result of a possible more or less tardy cure, and the certainty of a considerable bill.

Whereas now, the purchase for $7\frac{1}{2}d.$ or $1s.$ $1\frac{1}{2}d.$ of a small bottle of something in a wrapper, black with testimonials, has already given relief, maybe even before it has been taken, on the mere reading of the wonderful cures effected. Now it is quite possible that no one is more surprised as well as pleased at the cures than the quack vendor of the

Surprise of quack.

same ; but it is not for him to deny what he cannot account for, as the doctor is often tempted to do, because his interest is to magnify cures, which he promptly does. It is, therefore, doubtless true that, in spite of all our science, quackery flourishes ; and the reason of it is by no means that all men are fools, but that it undoubtedly effects numerous cures, and some—if it be not heresy to breathe it—that have been attempted in vain by eminent scientific men, the sufferers having only tried quackery when all else has failed.

Reason why quackery flourishes.

It is also true that these cures, as we have said, astonish, perhaps, equally the quack and the doctor.

But let us look more closely at the pseudo-religious systems of healing that make a gain of the credulity and folly of mankind without recourse to patent pills or 1*s.* 1½*d.* medicines. These are found everywhere, but abound most, like the ordinary quack, not, as might be supposed, in Russia, or in Turkey, or Armenia, or South America, or other darkish corners of the civilised world, but in the very focus of intellectual and rational light and life—the United States of America.

Pseudo-religious systems.

The greatest of these latter-day mystics is

Mrs. Mary Baker Eddy.

undoubtedly at present the Rev. Mary Baker Eddy, whose voluminous work on Christian Science, in two volumes, is the text-book of the entire sect, numbering certainly half a million or more, here and in America, of educated followers, far above the average in wealth and culture — many, alas! formerly having been among the most lucrative of the physician's patients. The text-book is appointed to be read by Mrs. Eddy in all her churches, side by side with the Bible; and in one of her handsome buildings in New York, that cost over 20,000*l.*, as well as in her first English church, this work is read every Sunday morning to a crowded and attentive congregation of upper-class educated people.

Extent of Christian Science.

With their dogmas we need not interfere; cures are detailed and vouched for, and are undoubtedly effected, as I believe, by the power of Unconscious Therapeutics.

But to the sober-minded Christian physician, some of the means used to accomplish this end appear most blasphemous as well as most offensive to his common sense. That this is not an exaggeration, I think this extract from the 'British Medical Journal' will prove:

British Medical Journal on Christian Science.

'This is intended for a case of cancer of the stomach, but would doubtless be equally appro-

priate *mutatis mutandis* for the treatment of any other affection. The healer sits by the bedside of the sufferer and repeats the following : [1]

'Holy Reality! We believe in Thee that Thou art everywhere present. We really believe it. Blessed Reality, we do not pretend to believe, think we believe, believe that we believe. We believe. Believing that Thou art everywhere present, we believe that Thou art in this patient's stomach, in every fibre, in every cell, in every atom, that Thou art the sole, only Reality of the stomach. Heavenly, Holy Reality, we will not try to be such hypocrites and infidels as every day of our lives to affirm our faith in Thee and then immediately begin to tell how sick we are, forgetting that Thou art everything and that Thou art not sick, and therefore that nothing in this universe was ever sick, is now sick, or can be sick.

'We know, Father and Mother of us all, that there is no such thing as a really diseased stomach ; that the disease is the Carnal Mortal Mind given over to the world, the Flesh, and the Devil; that the mortal mind is a twist, a distortion, a false attitude, the Harmatia of Thought. Shining and Glorious Verity, we recognise the great and splendid Fact that the moment we really believe the Truth, Disease ceases to trouble us ; that the Truth is that there is no disease in either real Body or Mind ; that in the Mind what seems to be a disease is False Belief, a Parasite, a hateful

[1] Just as this edition is going to press this extract from the *British Medical Journal* is repudiated by a representative Christian Scientist. There is no time to verify the words, but even if much distorted they represent the underlying thoughts of this school.

Excrescence, and that what happens in the Body is the shadow of the Lie in the Soul.

'Lord, help us to believe that All Evil is Utterly Unreal; that it is silly to be sick, absurd to be ailing, wicked to be wailing, atheism and denial of God to say, "I'm sick." Help us to stoutly affirm with our hand in your Hand, with our eyes fixed upon Thee, that we have no Dyspepsia, that we never had Dyspepsia, that we never will have Dyspepsia, that there is no such thing, that there never was any such thing, there never will be any such thing. Amen.

'And this blasphemous drivel is the kind of thing by which the minds of persons, who in other directions have given proof of high intelligence, are led captive. How can we boast of the progress of knowledge when this silliest of superstitions is found in the very homes of "sweetness and light"?'

All this is indeed most humiliating, and were it not that I believe in a true therapeutic force which has no connection with such incantations and methods, and yet which everywhere underlies them, I should make no reference to this cult, as, personally, I have the highest regard for many of its members.

Faith-cures afford a good test of mind.

But there is another point with regard to these systems.

These extraordinary tenets have a certain value, I think, not so much from their truth as

from their selective power—that is to say, they form an admirable test of mental condition; and there can be little doubt that those whose constitution of mind enables them to accept them, form, *ipso facto*, favourable media for the display of faith-healing powers.

The difficulty, not perhaps with such a cult as Christian Science—which, in a certain way, is calculated to catch the spirit of the age—but with the simpler forms of quackery, is why they, at any rate, continue to flourish in the twentieth century; for one would think they hardly appealed to many minds to-day.

Educated classes not educated.

But they do, and to so many of the so-called educated classes; and the reason, no doubt, is that a large number of the 'educated' classes are not educated. For it is, no doubt, a fact, though with many exceptions, that the less the cultivation and education of the conscious mind, the more readily are cures effected by unconscious therapeutics. Mental therapeutics used consciously are better adapted for truly educated people.

Skey on hysteria.

Perhaps the real reason of success may be twofold. Skey gives one when he says, speaking of hysteria:[1] 'It may be asserted with truth that every part of the body may become, under provoca-

[1] Skey, *Lectures on Hysteria*, pp. 44, 77.

tion, the seat of an apparent disease that in reality does not exist; that it may, and often does, assume all the attributes of reality with an exactness of imitation which nothing short of careful and accurate diagnosis can distinguish from the real disease. Nevertheless, I unhesitatingly assert that real disease is not found in a greater proportion than one case in twenty; and even this is a liberal allotment.'

That is to say, that the vast majority of nervous diseases are not organic, but, being purely mental in their origin (*i.e.* not '*real*' diseases), are cured most easily by mental remedies.

Quackery cures believers.

The second is, that these quack medicines, extravagant doctrines, and varied fetishes afford one and all real and true mental remedies to those classes of minds that can receive them and believe in them.

Mind helps in all cures.

Now, although all sick persons do not run after quacks (for which we may be thankful), yet it is true that all sick persons may be benefited by mental medicine in some form or other.

'It should be known,' says Osgood Mason,[1] 'far and wide, in the profession and out of it, that there is a subjective, a psychic, element in the

[1] Osgood Mason, *Hypnotism and Suggestion*, p. 46.

practice of the healing art, and it is in that direction, rather than in the multiplication of drugs, that the therapeutics of the future is to be enriched.'

Be not too proud to learn.

Well, if this be so, and if our enemies the quacks have long shown us by unwelcome demonstrations, in curing some of our incurables, that a real power lies somewhere behind all their jargon and their exaggerations, we must not be too proud or haughty to learn what it is, in the first place, and to teach it in the second.

War Office and the Boers.

England has lately given a conspicuous example in her army of how well she can do this if she wishes. In the late African War it was painfully brought home to our military pride that our enemies—a handful of despised farmers—accomplished feats and displayed tactics of a nature superior to what our highly equipped and expensive soldiery could attempt; and, bitter though the lesson has been, and high though the price was, the War Office, with all its conservatism, has endeavoured earnestly to profit by it. It surely cannot be that the College of Physicians is more crusted with prejudice than the War Office itself, and I cannot but believe that slowly and silently a different and more enlightened spirit is finding

College of Physicians and War Office.

its way into its counsels; and the more particularly when I have been able to quote so largely in support of unconscious therapeutics from the writings of some of its more prominent officials.

Of course, in one way the times, in their idolatry of science, are not propitious.

Science displaces philosophy.

Science has displaced from her proper place and throne a comprehensive philosophy.

There is, perhaps, some excuse for humanity and medicine that they have partly forgotten philosophy. The discoveries of science have been so brilliant that man's mental vision has been dazzled by them. Moreover, the use made by science of 'force,' 'law,' &c., has drawn away from the general to the particular.

Rabagliati on science.

'In medicine this has taken the form of an *inductio per enumerationem simplicem*; and so we have often failed to see the wood for the trees. The trees have been so numerous as to hide the wood. If we had stood at a distance on some elevation, we should have had a much better prospect of seeing the lie and disposition of the wood. No doubt in time all this will come. In good time the unnatural division at present in existence will be undone.'[1]

[1] Rabagliati, *Aphorisms*, p. 224.

The result is, all subjects not strictly scientific are much neglected in medical schools, or kept absolutely in the background.

Sir Dyce Duckworth on 'humanities.'

Speaking of these subjects, Sir Dyce Duckworth says:[1] 'For such an education I prefer the old term of "the humanities;" and in my belief our profession suffers at the present time from no greater deprivation than the loss of thorough training on those lines which should be compulsory to all who aspire to enter it. We hear much about medical ethics in these days, and the need of some authoritative body to appeal to and regulate such matters. I do not know,' he says, speaking of the effect of manner on the patient, 'that any specific teaching is anywhere given on this matter.'

'The Young Practitioner' wisely observes: 'The mental management of the sick is often far more difficult than the physical. A close, thoughtful study of the mental forces and of mental therapeutics is one of the necessities that the legitimate profession is still very deficient in.'

The result of the neglect of this study has naturally been profound ignorance, and nowhere has this had more disastrous practical effect in preventing cures, aggravating disease, and dis-

[1] Sir Dyce Duckworth, *Lancet*, October 17, 1896.

gusting patients with legitimate medicine than in functional nerve disease.

'To my notion,' says Dr. Inman,[1] 'there is not in all medical history a more melancholy chapter than that which treats of hysteria; and there are still extant in many books examples of reasoning that are simply contemptible. Who, for example, that knows the nature and character of our women, could believe that all of them, from the highest to the lowest, had, without any conspiracy amongst themselves, invented a set of symptoms whose chief characteristics were pain in the individual and mystery for the doctor, and yet which at the same time should be actualities and nonentities—non-existent, yet aggravated by sympathy—and all dependent more or less upon a desire to be married? I can hardly write calmly when I think of the obloquies heaped upon our females in certain medical works; indignities, indeed, unsupported by a tittle of valid evidence. With these ideas was associated in the doctor's mind a belief that hysterical sufferings were feigned, with a view of eliciting sympathy, and deserved to be treated in a rough manner, and by disagreeable medicaments. Upon many a sufferer hard usage was inflicted,

[1] Dr. Inman, *On the Restoration of Health*, pp. 500, 502.

where gentle nursing was needed, and a horrible compound of atrocious drugs was ordered as medicine, when all that was really required was such nutritious materials as milk and rum. Well do I recall the unction with which a hospital physician boasted to me of the efficacy of his Mistura Diabolica, or Satanic physic, in obstinate cases of hysteria.'

Dr. Wade says:[1] 'In dwelling upon the shortcomings of our younger brethren, let me say at once that I am very far from laying the blame altogether upon their shoulders; for, after all, we can only expect from an individual what he has been taught, and if no one from the commencement of his career has pointed out to him the higher and nobler characteristics of his profession, he may perhaps be held excusable for growing to regard it in the light of a business and nothing more. Rather I would blame the system by which he is begotten. To my mind there is no doubt that a great amount of good would result from adding a course of teaching in ethics to the usual curriculum. If that were done, in addition to the suggestion of requiring a period of probation after qualifying, we should have a fair substitute for apprenticeship. But, after all, a thing that is a

[1] Dr. Wade, *British Medical Journal*, September 27, 1902.

substitute can never be quite so good as the thing itself.'

Of course, here he only speaks of ethics; but the principle is true of all non-scientific subjects.

Dr. E. T. Tibbits, of Bradford, says: 'A knowledge of moral philosophy, including ethology, the science of character, should be cultivated by all those engaged in the practice of medicine.'

Sir J. Russell Reynolds writes:[1] 'It would seem that some very scientific persons attach more importance to the fact that some cell was $\frac{1}{1000}$ of a line in diameter, than that the individual from whom the cell may have been obtained suffered pain, distress, or some other adversity! No one admires more than I do minute and accurate observation; but what I protest against is the selection of facts (when you have to deal with an individual) in such a way as to record some most carefully, which you are able to weigh or measure, and entirely to ignore others which it may be difficult to express and impossible to measure.'

This severe indictment of the ultra-scientific spirit is even more deserved to-day than when Dr. Reynolds wrote it.

But we have indeed had evidence enough, and

[1] Sir J. Russell Reynolds, *Essays and Addresses*, p. 184.

in the mouths of many witnesses, to establish the charge against professional training which is advanced in this book, and I would now proceed, in words which I have used in a previous appeal, to ask in all earnestness and all seriousness: Is it right, is it scientific, is it fair, that a medical man should have gone laboriously through college and hospital, sick ward, and lecture theatre, and learned all that the medical science of the latter half of the nineteenth century could teach him, and yet be left in such utter ignorance of psychotherapy, of the effect of unconscious therapeutics? Instances of the disastrous effects of this ignorance could be multiplied, alas! indefinitely; but the full list of victims of this systematised neglect will never be made out, and the evil, all unconsciously done, never be known.

It is quite futile to urge that men have their idiosyncrasies, and can never be all alike. This is, of course, true, but is beside the mark; and is no reason whatever for keeping from them the knowledge of the therapeutic value of agencies that affect the patient's mind, while teaching all about the drugs that affect his body. One might as well refuse to teach physical diagnosis because all men are not equally good observers, or surgery because

manual skill varies greatly, as to leave in neglect the science of mental therapeutics because all cannot use it with the same effect.

The argument refutes itself, for if all naturally practised mental therapeutics unconsciously, there would be less need for teaching it; and it is just because all men are not alike, that scientific instruction should be given in the power for good or evil that resides in the doctor himself, alike in causing, aggravating, and curing disease. It is not that their practice or prescriptions have to be radically altered; it is not that their text-books are to be cast aside; but it is that, everywhere, and at all times, they shall have constantly before them the two questions: 'What part does mind play in causing this disease?' and 'How far can it be made to assist in its cure?'

With this, of course, goes a knowledge and sense of the value of their own personality, and how to use it for good, and not for evil.

The point to be decided is whether the force of mind in disease is a real and important subject for study—whether it is one of practical value to medical men.[1]

[1] In connection with this I think I may repeat here what I have said in other words in Chapter II., that drugs come, in a

I think I have now said enough, and quoted enough, to show that the opinion of a large number in the profession, who are worthy of our highest respect, agrees that it is. It is a subject alluded to everywhere, and taught nowhere; and no single day passes in a medical man's life but he and his patients must suffer consciously or unconsciously from his ignorance of it. Is it, then, a subject that could be taught with advantage in our schools? Emphatically, yes; and one, too, which, if properly taught, would be found of absorbing interest.

In the causation of disease, if not the greatest, it is at any rate the most universal, factor. Clinically, how interesting to observe in the wards how much of each disease is due to the mental factor!

sense, under the head of unconscious therapeutics; for we judge that, on the whole, a large percentage of their power is due to their effect unconsciously on the mind of the patient, and thence on the body, and not at all, as is generally thought, entirely due to their chemical contents and their purely physical properties. This has long been thought to be the case with regard to a large number of homœopathic remedies consisting of inappreciable doses of a drug; but I am convinced it is also true of B.P. drugs in B.P. doses. This in itself is a large and interesting subject, of which little is known; but enough comes to light incidentally from time to time fully to justify this statement. Indeed, as we know, so strong is the mental percentage, as sometimes entirely to neutralise the strong physical qualities of the drug, as when opium pills, believed to be aperient, produce diarrhœa, &c. If the above be true, the psychic use of drugs will form an important part of the subject for study.

The part the mind plays in sickness in different classes, in the two sexes at different ages, in different occupations, and in the different groups of disease, might all be worked out; for the whole subject is practically virgin soil, and those who pursue this study are really explorers in an untrodden country.

Lectures might be given as facts are accumulated. Text-books would appear of a novel type, giving scientifically a whole body of facts bearing on disease, not to be found in any of our standard works at present; and psychological medicine would no longer be confined to questions of lunacy, but would embrace the interesting study of the relations of the sound mind to the diseased body. Three days are given up to Papers on Psychology at the Annual Medical Congress. So far they have been occupied exclusively with the study of the insane mind and allied questions.

It would be a great advance if one of these three days could be given up to the study of the sane mind in relation to the cause and cure of disease and to mental therapeutics generally.

If we turn from cause to cure, the subject widens, and the interest is intensified.

When once the matter is fairly studied clinically

and scientifically, the first point that is pressed home upon the consciousness is the magnitude of the subject and the great interest attaching to it. Its study, too, differs so completely in character from that of scientific medical subjects that it comes as a relief and a relaxation, rather than an additional burden.

Amongst others, the curriculum might very well embrace the following subjects:

1. The general facts connected with the unity of man, and the interdependence of the psychic and physical in all parts of the body, and in all the different organs. First of all in health, thus taking up the great question as to how, as a whole, the body *lives*. Then the special interactions in all varieties of disease, and the general enumeration and consideration of the various mental agencies that act consciously or unconsciously as causes of disease predisposing or exciting; and another list of those that act therapeutically, consciously or unconsciously.

2. Another distinct subject of study might be that of temperaments, mental conditions compatible with sanity, nervous states and phases, and mental backgrounds, or habits of thought, fixed, mobile, or erratic.

3. Again, different characters might be studied, and the way in which education, reasoning, or emotional powers or instincts aided or retarded the action of unconscious therapeutics.

4. Many other subjects of a general nature will suggest themselves; but we might proceed to consider a little-known subject, and that is, drugs as a variety of unconscious therapeutics; or, in other words, a study of their psychic as distinguished from their physical action. Medical men will be surprised, when this subject is studied, to find how the popularity, the advertising, the mode of administering, and the personality of the doctor who orders it, or of the nurse who gives it, alters the clinical effects of the same drug; and how, therefore, psychic and physical effects are combined in differing ratios, and thus a great deal that is obscure in their action is explained, and the inertia of one and the activity of another sample is not always explained by their relative impurity or purity, but by other reasons little thought of.

These psychic effects can, of course, be studied throughout the whole range of conscious therapeutics of a natural and non-pharmaceutical order, such as baths, manipulations, health resorts, &c.,

the psychic action of which is still more marked than in the case of drugs; which is one reason, doubtless, why they are becoming increasingly popular.

5. Then we may consider the grand natural therapeutics of the *vis medicatrix naturæ* that in power transcends all our efforts; and we may study closely all the various means by which this marvellous operation of the unconscious mind may be stimulated or retarded in various ways.

6. All forms of suggestion, direct and indirect, plain or wrapped up in various treatments, would form a large and fruitful subject of study, and might include various forms of auto-suggestion and hypnotism, &c.

7. Lastly, I would mention a careful consideration of the personality of the physician, taking as my text this saying of Sir James Paget, as the outcome of a consideration of the careers of two hundred of his students, which we have already quoted in Chapter VIII.

'Nothing appears more certain than that the personal character, the very nature, the will of each student, had far greater force in determining the career than any help or hindrance whatever.'

Ethics, morals, professional conduct, and eti-

quette, tact, and even dress and manners and general surroundings, would be far better to be taught at the commencement of a professional career, when there would be some opportunity of carrying the teaching into effect, than ignorance in these matters pointed out at the close of a professional career as a cause of its failure.

I have, of course, not nearly covered the range of therapeutics at present practically untouched; but have, I think, said enough to show there is sufficient cause for writing this book.

Some of the subjects I have mentioned are so novel that they may afford fair objects for ridicule or cynicism; but when the humorist and cynic have had their say, the thoughtful man will see there is still enough left to form the basis of a new and profitable branch of medical study.

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U.M. = unconscious mind
U.T. (or T.U.) = unconscious therapeutics
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